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VOL. IV.

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THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. I.—*A few Notables from my Case Book.* By S. C. Sewell, M.A., M.D., &c., Ottawa.

1. HÆMORRHAGIC DIATHESIS.

In the township of Cumberland are two families of first cousins, children of a brother and sister, who shew no more disposition to hæmorrhage than is usual. Two or three out of each family have died of traumatic hæmorrhage from very trifling cuts, and the others have been at death's door from this cause. A boy, aged six was brought to me. He had been bleeding for five days from a scratch on the hand, I bound finely powdered ergot on the wound, and gave him ol. terebinth internally; he did well, but I learned that he died six months afterwards from a trifling wound. These cases are interesting from the circumstance of this strange idiosyncrasy appearing, throughout the whole of the members of the two families of first cousins, while the parents showed no such tendency.

2. CASE OF UNRECORDED FRACTURE AND DISLOCATION, VIZ.: FRACTURE OF THE ANTERIOR HALF OF THE GLENOID HEAD OF THE SCAPULA, AND ANTERIOR DISLOCATION OF THE HEAD OF THE HUMERUS.

On the 24th February, 1855, Mr. Burns, of Kemptville, æt 65, was thrown out of a cutter in such a manner that he fell on the back of his right shoulder. On his arrival in Ottawa, I was sent for. On stripping him, the right arm hung *perpendicularly* down by the side, voluntary motion gone, passive mobility great, crepitus occasionally detected at the shoulder, when I raised the arm. The head of the humerus was under the clavicle. It was evident that there was fracture. I ascertained that there was no fracture of the head of the humerus, or any part of the bone. The acromion and coracoid processes were intact. The neck of the scapula evidently was not transversely fractured, and I

was pretty certain I could feel the head *in situ*. I should have mentioned that the patient was very thin, and the muscles much atrophied. I only suspected what was the matter, and endeavored to get the head of the humerus into its place. I employed first one and then two powerful men to make the extension without succeeding. I then put him under the influence of chloroform, and applied the same force with no result. The direction of extension was varied, but still I was baffled. The head of the humerus could be drawn even beyond the point where it ought to have slipped into its place, but it refused so to do, and seemed to be kept at a distance anteriorly from the head of the scapula. I now employed three powerful men to make extension, and three counter-extension, giving them directions to pull *very slowly*, and to keep it up, so as to tire the muscles. When the head of the humerus came on a line with the glenoid cavity, I pushed it forward, when a loud grinding crepitus was heard by all present, and the bone slipped into its place. The power of moving the arm immediately returned to the patient, but on my moving the arm, crepitus could be plainly distinguished in the shoulder. I asked Dr. Grant to look at the case, who was quite satisfied that there was fracture in the shoulder. If this was not a case of fracture of the head of the scapula, what was it?

The points to be noted are:—

1. That the arm hung perpendicularly down by the side, not the position of simple dislocation of the head of the humerus forwards.
2. Active or voluntary motion (except slight movement of three fingers) lost.
3. Great passive mobility, not found in simple dislocation of humerus forwards.
4. When replaced, the humerus remained *in situ*, but crepitus was still distinct on motion whether active or passive.

3. IODIDE OF ZINC AS A TOPICAL APPLICATION IN VENEREAL SORES.

Having noticed that iodide of zinc was very strongly recommended as possessing the power of resolving enlarged tonsils, I instituted some experiments with a view of establishing its virtues, with but indifferent results. During this investigation three cases of syphilitic ulceration of the throat happened in my practice. It occurred to me to try it in these cases, and I had reason to be surprised at the rapidity with which the cure was effected. Since that I have used it in syphilitic ulceration of the nose and tongue, some very bad, with equally satisfactory results. In fact none seem to resist it. It is now three years since I have used it, and every fresh case only confirms its great powers. My opinion is entitled to some weight, as, since 1836, I have used Ricord's Acid Ni-

trate of mercury in similar cases, and am able to contrast the relative merits. Of its value in primitive chancre I am unable from experience to decide, but am certain that within the period of incubation it has equal powers to, if not greater than the nitrate of silver to destroy the specific character of the sore, and I am inclined to think that on trial, its powers will be found to extend beyond the ten days allotted by Ricord to the period of incubation. I could cite the approving testimony of medical men who have tried it at my suggestion, but I would recommend the members of the profession to try it for themselves.

As the way of preparing may not be generally known, it may be well to describe it.

Take a piece of bright zinc plate, place it over the mouth of a jar and sprinkle it with iodine, the brown liquid that runs into the jar is iodide of zinc.

ART. II.—*Diseases peculiar to the Sandwich Islands.* By JOHN RAE, M.D., Kaoli Hana, Mani, S. I.

Cutaneous diseases are very rife among the natives. These have been generally all classed by travellers under the head of scrofula; yet I do not think I have seen a case of the scrofula which is so frequent in Great Britain, and sometimes is seen in Canada. There are several diseases, however, having some analogy to it, and to which the natives give various names. One of these is the *puupuu*, which, with some latitude of translation might be Englished, as a constant springing forth of fleshy knobs. The first cases of this disease that presented themselves to me had this appearance. Over the whole body, or over the lower limbs, there were sores, generally circular in form, and varying from a quarter of an inch to an inch and a half in diameter. The general skin was little affected. There was a slight ichorous discharge from the sores, and flabby granulations shot out from them all, so as to project a line, or a quarter of an inch from the surface. An intolerable itching beset some, partially covered with a scaly cuticle, and evidence of new ones coming out, was afforded by red looking boils appearing at various points. I conjectured that the malady was connected with some venereal taint, and applied an iodine wash externally, and gave mercury internally (blue pills.) Under the stimulus, the superfluous granulations subsided, the discharge became less and less thicker, and in a fortnight or three weeks the sores were covered with a pretty firm coating of new skin and cuticle.

I was here first led to remark the extraordinary vigor with which the renovation of skin and cuticle goes on among this race. Although, in these cases, the original skin had been completely destroyed, yet, in a month or two, the scars were scarcely perceptible, being only noticeable, on a cursory view, by a more polished surface, and requiring a close inspection to trace the line of demarcation between the old and newly organised substance.

I subsequently found many varieties of this, or a similar affection. On the scalp it assumes the appearance of scaly blotches. Frequently it shows itself in a swelling, accompanied at points with acute pain over a large extent of the areolar tissue. For instance, the whole extent of one upper extremity, including the fingers and shoulder, or all the space occupied by one or both scapula, and part of the back, or one cheek may seem greatly swelled. There being no discoloration, one would fancy this to be produced by simple œdema; but on grasping the part, though it yields to the impress of the finger, it does not pit, but possesses an elasticity, which enables it, on the pressure being withdrawn, immediately, to resume its preceding form. If not checked, this swelling points at one or more places, and a copious thin discharge, with a gaping sore or sores, gradually assuming the appearance of those I have described, is the result. Sometimes the muscular fibre seems to be involved, and then, though the external sore skins smoothly over, there is a considerable depression under it, marking the loss that has taken place.

On more extended inquiry, I was led to doubt the connection of the affection with venereal, and am not yet satisfied as to this point. I tried various other methods of cure. I found several more or less effectual. Thus applying cautiously, and to portion by portion, a solution of cor. sublimate, or, sometimes, simply touching the part or parts affected with lunar caustic, would check, or remove it. But I think on the whole my original treatment, by some combination of iodine and mercury, succeeds best with me. I have indeed never found a case that has withstood the united action of the two. I ought, however, to add that I have seen cases, in elderly people, where the malady affecting one or both of the lower extremities, has assumed a form, very closely resembling elephantiasis, as it appears among the Spanish, or rather negro population of New Grenada—the limb permanently swelled and stiff, with deep scars, apparent loss of muscle, and a toe or two dropped off. I have wished to essay the effect of a similar treatment on some of these, but have not found any willing to try it, and very much doubt if it would have any considerable success.

Akin to the *puupuu*, is an affection of which the native name is *alaala*, that attacks the neck. When at its *acme* it stretches from ear to ear in front, in a sort of very large, and very rough necklace. Were one to make a string of smallish unopened oysters, by piercing a hole right through each, and arranging them by putting them back and belly, and with their edges, therefore, outward, and were he to place this on the bare neck, in the position I have indicated, it would closely resemble the appearance presented by very many cases of *alaala*. Add to this, that the neck is stiffened, the face swollen, and a feverish state induced, and you have the characteristics of the complaint. After continuing for months, or years, the necklace slowly drops off, leaving a wide scar, which is gradually almost completely obliterated. I have not treated this complaint, as the natives seem to think that its nature is to come and go of itself. It seems generally to attack boys, when at the age of puberty, and to prevail most in rainy districts. At Helo it is said to be very rife.

These are the more prominent varieties of cutaneous disease, but I may add, that itch is rather common, and often seems to be the exciting cause of *puupuu*, making a troublesome combination.

You will observe that all this differs from scrofula. The glands are not peculiarly affected, and the discharge, in so far as I have seen, is not charged with curdy flocks. It may be, however, that in some of my cases, this characteristic feature might have appeared, had it not been that the treatment seemed rapidly to affect the discharge, converting it into proper, or as it used quaintly to be termed, laudable pus.

Though the two cutaneous affections of which I have spoken may be made to comprehend the mass of such complaints, yet, were one to attempt a minute description of all in which the skin is more or less involved he might perhaps find something analogous to whatever nosologists have noted from ring-worm to leprosy and scrofula. In fact most of the natives have, or have had, some skin disease or other. A scaling off of the cuticle, leaving but a thin remnant that easily bleeds, is common among the aged. Their predisposition to these diseases is indicated by their uncomfortable feelings when deprived of the fresh water bath, and by the quantity of old cuticle which rolls off their skin when for a few days they have been unable to obtain this luxury of a tropical climate.

One would suppose that in a climate of so equable temperature as this, diseases of the lungs would be rare, but the fact is that they are by no means so and that many of the race, especially young women, are carried off by consumptions.

Affections of the bronchial tubes—colds and coughs—are frequent, from exposure to wet and consequent cold. If these are attended to, and

squills and laudanum are almost specific for them, they pass away ; but, recurring frequently and being neglected the bronchial affection becomes deeper seated, pus is brought up, and things go on much as they do elsewhere, until death closes the scene.

My stethescopic perspicacity is not sufficient to speak with certainty as to the existence of tubercles, and the strong prejudices of the natives run altogether counter to any *sectio cadaveris*, but I believe they would be found, and that their presence is, in many cases, the predisposing cause of this disease.

The malady in question, in the opinion of old residenters, and I know some who have dwelt on this island for forty or fifty years, has become much more frequent than formerly. They assign several causes for this. First, since the breaking up of the old order of things the condition of the female sex has undergone a change. In some respects they are more restrained, but in others less so, and on the whole an intercourse of the sexes more promiscuous and premature than before, is very common, and a cause of a waning in the vigour of the female frame. The constitutions of many of these has also suffered from the inroads of venereal maladies. But to this I shall afterwards recur.

The diet also, from circumstances the detail of which would lead me too far out of my road has become less abundant. The people eat less fish and pork than formerly, and sometimes are pinched even for tœro.

Again, the general adoption of something like the dress of civilised men, seems to have produced a change in their habit of body, which, physiologically and perhaps ethnogically, is worthy of notice. Their hue has less of red and more of black in it. It would seem, that, when the surface of the body is exposed to the skyey influences, there is a greater rush of blood to the minute external vessels, reddening the hue. The whole person becomes, in a measure, face. May not this be one cause of the change of complexion which to a great extent has taken place in the Celtic and Germanic races? We know from Cæsar and Tacitus, that even in the severe winters of the Germany and France of those days, the hardy natives scorned much encumberance of clothing as a mark of effeminacy, and that fair hair and blue eyes were universal, cœrulei oculi rutilœque comœ. The present Gaul is generally swart, and so are very many Germans. And civilization a thousand years since gave these a general and warm covering to the whole person. However that may be, the alteration in hue, which I have noted, is a fact of which I have no doubt. It has been accompanied by a greater susceptibility to cold, and to the inroads of those diseases, which that susceptibility produces.

Venereal diseases in some modification or another, are very widely

spread. For this the voluptuous propensities of the women, and the concourse of sailors to these parts sufficiently accounts. Were I to attempt a description of all the modifications these assume, my epistle would swell to a treatise. I shall confine myself to one or two remarks:—

When such diseases are promptly met by proper treatment, they very readily yield to the simplest means of cure; but, if neglected, or ineffectually tampered with, they become both severe and obstinate. Strictures, connected mostly with the growth of large warts, and tumors in the urinary passages, are very common among females; and, for want of proper aid, have been very fatal. One man, when speaking on the subject, told me, and as a thing by no means remarkable, that he had thus lost two of his sisters. In the male sex, such strictures obstinately recurring, and complicated with affection of the bladder, are also frequent and difficult to treat. Deep seated, and very malignant ulcers in the throat, and other parts, with total derangement of the system, have carried off, and still carry off, many. But I believe there are few of these latter cases that would not yield to the persevering use of the appropriate remedies.

Of imported diseases, the measles was, some years since, one of the most fatal, sweeping off whole families. The large developement of the areolar and kindred tissues, for which the natives are remarkable, may perhaps explain this fatality. To the same constitution of body I am inclined to attribute the peculiar phases assumed by the small pox in its recent visitation, and by the cow pox, its preventative. I had sufficient opportunity to remark these, having been sent by the board of health of this island round the larger part of it, for the purpose of attending to the sick and vaccinating the well.

You have probably heard that this scourge made a fierce inroad on Oahu in 1853, beginning at Honolulu, the capital of these islands. By the returns, the number attacked was about five thousand; the deaths about two. In the other islands the deaths reported amounted to two or three hundred. It is suspected, however, that these reports fall considerably short of the reality, and from the returns of the census for the year 1854, not yet completely made up, it is calculated that the whole amount of the population will appear to have fallen from 80,000 in 1849 to 70,000 in 1854. The deficit mainly attributable to the small pox.

The mortality at Honolulu was, I believe, augmented, as generally in such circumstances is the case, by a sort of panic terror that seized the natives, and seems to have had its influence even on the medical, and other authorities. What gave greater force to this, was the seeming fact, that vaccination was no protection. Those who had been vac-

cinated, it was said, fell equally with those who had not. It was not for some time that this assertion was proved erroneous, and that it was shown that vaccination, properly performed, and the vaccine disease running its due course, is a real preventative here as elsewhere. It is, however, in so far as my own experience enables me to judge, and as I have learned from others, a thing well ascertained, that, to carry vaccination properly through, is a matter of much greater difficulty with this than with other races.

The main difficulty, as it appears to me, arises from the peculiar constitution of the natives rendering them so propense to skin disease. In consequence of this, if the vaccination be successful it is very apt to awaken some other affection of the skin which may be a sequel to it or a concomitant of it. For instance you may see the vaccine disease running its due course. The scales even may fall off leaving only a slight swelling of the part, but, instead of this disappearing it may be the prelude to a troublesome sore of an inch or perhaps two in diameter, which finally healing up, the diseased surface contracts, the skin smooths over, and but very slight trace of a scar remains. More frequently the supervening diseases come on when the vaccine vesicle is in progress, and a compound and disagreeable sore from which large quantities of lymph like fluid may be discharged, is the consequence. It is apparent that if lymph be taken from such an arm it may produce either a true vaccine vesicle, or a compound, but yet truly prophylacteric disease, or may give rise to a sore, which, though troublesome is no preventative. Now a good deal of vaccination has been performed by the natives, and their idea is, the larger and more severe the sore, the more trustworthy. This I believe to have been one considerable cause of mistake and failure. The safest plan, if practicable, is to vaccinate from infants. In them the lymph is generally pure. It is less to be depended on in children, and, in perhaps the majority of adults, is more or less contaminated. Another, and I believe a frequent cause of partial failure, is the vesicles not being allowed to reach complete maturity. Children, and grown boys and girls can scarce restrain themselves for a week or two from plunging into the frequent streams, in which it is their daily delight to gambol. And if one go all follow. At night, too, between sleeping and waking, their habit of scratching every diseased surface recurs on natives of all ages, and, unwittingly, they destroy the forming vesicle or scab, which they may have been really desirous of preserving intact. I conceive that, when the progress of matters has been thus broken in on, the prevention is not perfect, and was unable to resist the energy of an attack, proceeding from the concentrated virulence of a contagion, raging almost uncontrolled, in the crowded suburbs

of such a city as Honolulu. I may add that I have probably examined some thousands of arms and that the general appearance is this: The traces of a sore much larger than among whites, but smooth and level with the adjacent surface, towards the edges of it the slight traces of the diagnostic pits, often only perceptible by turning the arm so that the light strike obliquely on it. To the central space, void of pits, they give the name of the sunburnt spot, from a notion of the missionaries, that it was produced by exposure of the arm to his rays. This is the most usual appearance, but it varies considerably in numerous instances. If having examined such an arm you learn on inquiry that the constitutional symptoms had run their due course, you will generally find the system of the individual resist fresh vaccination.

The small pox itself, as I have seen it attack the native race, has these peculiarities: The eruption considerably less than in whites, and seldom confluent; but, the pustules not so prominent, often flattened, and then blackish, in which cases the fever assumes the typhoid type, the patient sinks, and generally dies.

I believe the practice with the profession in these islands has not varied much from what is usual, with the exception of a more free use of wine and other stimulants.

The mortality seems to have been about 40 per cent. At Lahaina owing to the judicious measures of the authorities, ably seconded by the exertions of the medical men there, not only was the disease altogether confined to the strangers who brought it, but among them the mortality was less, say about 25 per cent.

The idiosyncrasy of the Kanaka, the vigorous life in him, and the great resources of the areolar tissue, are marked by the singular fact, that, however much or deeply pitted when he first leaves his couch, yet, in nine cases out of ten, these pits fill up, the skin smooths over, and in a few weeks there are no vestiges of the disease, or only slight discolourations, which probably the course of time, will, in a few months or years, completely obliterate.

Before concluding I ought to add that a new mode of treatment, or rather, as concerns Europe, the revival of an old one, was adopted by Ra Makau a native friend of mine of considerable intelligence, and whose influence is extensive over a large portion of this island. It is this: The patient is sweated by being laid on mats over a heated bed of stimulant native herbs. This, he tells me, has the effect of bringing out a large and *prominent* eruption, in which case no typhoid symptoms supervene, and recovery under his hands was *universal*. I have had no means of investigating the matter sufficiently, but am inclined to think there is some truth in it. The idiosyncrasy of the native renders it not

improbable, and the inquiries I have made are confirmatory of the success. But, I should feel more confidence in the statement, had some unsuccessful cases been confessed.

Rheumatism is not uncommon among the natives, and very frequent with the whites. I have not found it hard to treat with the former. I do not recollect prescribing for a white man. The former generally, in their own practice, resort to bathing in a torrent of cold water, and what they call *loomy loomy* a sort of vigorous shampooing of the parts affected. One or two friends of mine, who were long laid up with it in Honolulu, and under the best medical treatment there, have assured me that they have found no relief till they adopted this plan. Among the white race also, there is a proneness to genuine scrofula, if there be any taint in the system, and cases of consumption also occur. Disorders of the bowels, diarrhœa and dysentery, are sometimes fatal, but there is perhaps nothing in these, or two or three other maladies, worthy of being noted.

The case is different with regard to a malady which spread over this Island and Oahu in 1852, and the history of which seems to me to present some remarkable and instructive features.

I have next to notice the existence of considerable tracts of low lands devoted to the cultivation of taro, and the existence, in such situations of extensive fish ponds. When I first cast my eyes over these Islands, I could not but think that these muddy pools, full of decaying vegetable matter, were likely to be productive of disease, of ague perhaps, or of more malignant fevers. I was assured that the salutary influence of the trades, sweeping rapidly all miasma into the wide ocean, secured from all such attacks, and had reason to think that this notion was, to a certain extent, correct. Still two circumstances induced a shade of scepticism in my mind, as to the absolute immunity of the Islands from any such attack, one of these was that the native language recognizes the existence of chills and fever, and the other characteristics of ague, and that, in fact, I had cured a native woman, who had been much reduced by febrile attacks, chiefly I think by the administration of quina. Another thing was the admitted prevalence, during the season of the *Konas* or south-winds, of a malady, which the Missionaries termed influenza, and which was said to be almost universal in its attacks. I had, however, seen nothing positive, until the summer of 1852, when a gentleman from California, when sitting in the same room with me one morning at Wailuku, called my attention to his hands, the fingers and nails of which I found assuming the appearance characteristic of immediate ague. They were cold, so was his face, the features of which were sunk and pallid. I told him that he was probably in for a fit of ague, and asked

him if he had had it in California. On his answering in the affirmative, and informing me also that he had come over the mountain from Lahaina the morning before, I imagined that the fatigue and cold of the ride, had brought on a return of a complaint which keeps so tenacious a hold of the system. I told him he had better get to bed, he said he would, but must go out first, and moving for this purpose, I made way for him to pass, and waited his return. This lasting longer than I thought necessary, I went after him, and found him lying on the grass insensible with blood flowing from his nostrils. We had him carried in and placed in bed, where he soon somewhat recovered. He said he knew nothing of the fall, but recollected having been seized with a strange dizziness as he was going out at the door. He had a slight shake and considerable fever with much pain of head. The fever continuing long, towards afternoon I gave him a few grains of James' powder, of which I happened to have some that was very good. This bringing out slight moisture and producing abatement of fever, I gave him a full dose of quina. As his tongue was very foul, I had sometime before given him a few grains of blue pill. In the evening he felt better, but complained of pain in the forehead and strange restlessness. He suggested opium. I asked him if he had often used that drug, and, on his replying in the affirmative, and finding his pulse nearly natural, I gave him two teaspoonfuls of paregoric. This was about 11 at night. He slept pretty well, felt tolerably comfortable in the morning, and after a slight dose of salts, which brought off one or two dark and fœtid stools, his tongue cleaned, and his appetite returned. I gave him another full dose of quina, and afterwards repeated it in smaller quantities being under the impression, all the time, that it was scorium of ague, somewhat modified.

Soon after this, I heard from a missionary friend, that the influenza, had been for some weeks prevailing in Lahaina. From the description, I judged the disease, so named, was some sort of fever. Soon afterwards it got the name of the Lahaina, and, finally, in this island, of the Boho fever. There is much intercourse between Lahaina and Honolulu. It reached the latter port in about two months. Gradually it spread over this island of Mani. Its progress was very slow, it being Christmas before it reached Hana, the north eastern division of the island, though the distance of that region from Lahaina, in a direct line, is considerably under sixty miles. But it made at last the whole round. It was two months before it crossed the mountain intervening between Lahaina and Wailuku, where I then resided, the distance in a direct line being under eighteen miles. The attack was sometimes very slight, sometimes severe, and attended with much suffering, but seldom protracted, most individuals getting over it in a week or two, and there

being almost no fatal cases. The whites were always first seized, and very few of them altogether escaped. Next it spread among the natives but very sparsely, here and there only a case occurring.

The first patients I had, after the case I have described, were whites, who had come out of Lahaina, or had been there. After about half a dozen such cases, it spread among those who had not been there. They had pain, sometimes excruciating, in the forehead, just over the orbits, reaching from temple to temple. The eye had a great deal of the peculiar aspect I told you of, in my former letter, as diagnostic of the Panama fever. This orbital pain was universal, and in some cases was the only symptom of disease. One friend of mine had even this only in a slight degree, with some intolerance of light, difficulty of reading, a flow of tears occasionally, and a little loss of appetite. He took no remedies, and these symptoms went off in a few days. Bleeding at the nose was very common, and, in some cases even alarming. There was a dead heavy pain in the back, in severe cases becoming acute, described as intolerable, and shooting through to the extremities of the ribs. There were also pains in the legs. The pulse was quickened, the tongue slightly furred, and the alvine evacuations were for a few times dark, coloured, and offensive. Oppression of the chest and cough sometimes supervened, especially among the natives. The first attack was very commonly attended with chills. It was altogether sudden and without premonitory symptoms. Two or three friends of mine were seized when riding on horseback, and got home with great difficulty. One of these recalled only that he had felt a sensation of giddiness, and then there was a blank, and he found himself lying on the middle of the road, and his horse strayed away.

I believe wherever it prevailed the phenomena presented were very similar to what I have described. I followed a similar treatment to what I had chanced to adopt at first, giving James' powder, slight doses of mercurial and saline purgatives, and finally quina. Sometimes when there was great redness, I added opium in the form of Dover's powder. The last I found of great service among the natives. Under this treatment the attack did not last over thirty-six hours. The quina prevented relapses which were apt to occur if omitted. I believe the disease had the same character, and the mode of treatment was very similar, all over this island, and in Oahu. It seemed rather more severe in Honolulu, where almost every white man was simultaneously seized, so that the stores were almost all closed for a week or two. The population of that port was then something over twelve thousand, about a fifth being foreigners.

I very soon came to the conclusion that the malady was identical

with the Panama fever, only much slighter, and told my patients so. I soon afterwards saw the same remark made in the *Polynesian*, the only English newspaper at that time published in Honolulu. This similarity is one among other reasons, why I have wished to give you a sketch of the progress of a malady, so little serious in its effects. It seems to me that the beginning of diseases, and the aspect they assume when putting on their most deadly forms, are particularly deserving attention. The former correspond to the *instantia incipientia* of Bacon. Now here it was evident that the first impression was on a certain part of the brain, and then extended to the nervous system in general. Such I apprehend is the case in the far more severe Panama and Chagres fever.

Again it seems to me that the progress of the malady serves to show how those forms of disease which we attempt to classify under the terms contagious, epidemic, endemic, &c., blend and mingle together. I have said it first broke out in Lahaina. That port is on the south-west of the Island. The small town stretches along the margin of the sea. Immediately behind, around, and on it, are tara patches, and large fish ponds. About a mile inland the mountains rise up and surround it like a wall of some thousand feet in height. The heat is generally great, and, this season, no trade-winds or land breezes had been felt for many weeks. I should add, that the de-composing lava mountains form beds of ferruginous clay. Thus, it was a fit nucleus for febrile disease. There was sufficient pabulum to feed it on should it be once generated. The predisposition of a single individual gave it birth, and, possibly, form; for, a few days after that first case, the malady with which he had been seized spread around. Having thus, shortly, as it were, grown into strength, it was able to progress beyond its birth place, and make way in regions that never would have first produced it. Undoubtedly individuals carried it from point to point, for it never progressed where there was not free intercourse. It was thus carried from Lahaina to Honolulu, yet it was not strictly contagious. Amongst the natives, for instance, it attacked only individuals, here and there, a quarter or half a mile distant, and having had no recent communication, and when it once reached Honolulu it was a real epidemic. It never reached the other islands because the intercourse is much less free between them.

(To be continued.)

ART. III.—*Case of Arm Presentation with prolapsus of the Cord.* By P. R. SHAVER, M. D., Stratford, C. W.

On the 4th instant I was summoned to attend Mrs. F——, in labour with her *primipara.* When I arrived (a distance of 10 miles) I found the patient had been in labour some 15 hours, and that the waters had been evacuated 10 hours prior to my arrival. Upon a vaginal examination I found the left arm protruding from the vagina, with prolapsus of the umbilical cord to the length of about six inches and perfectly *pulseless.* I immediately informed the friends of the patient that the child was dead, and the mother in a very critical situation. Her pulse was 120, face flushed and hurried breathing, the vagina dry, hot and swollen, and the uterine action very powerful, but of course ineffectual.

I immediately ordered hot fomentations to the region of the uterus to produce relaxation of that viscus if possible, so as to enable me to perform version if practicable. The uterine contraction had been so energetic that the child was crammed into the pelvis like a wedge.

I then administered tinct. opii i 3 cum tart. ant. gr. ss. After waiting until I had induced quiescence of the organ, I then administered *chloroform* until I had produced the full effects of the anœsthetic. I then introduced my hand to turn, but upon the introduction I found the uterus so firmly grasping the body that I could with great difficulty insinuate my fingers between the uterus and child; but after some delay (keeping my hand in utero) I succeeded in obtaining the feet, and by a gentle waving motion I brought them into the vagina, the contractions then were re-established, and before the patient became conscious the body with the head were expelled. In five minutes after the expulsion of the child the placenta was detached, and the uterus firmly contracted. The recovery was rapid, and the patient now is quite well.

Stratford, C. W., April 20, 1856.

REVIEWS & BIBLIOGRAPHICAL NOTICES.

I.—*Manual of Chemical Physiology.* From the German of Professor C. G. LEHMANN, M.D. Translated with notes and additions. By J. CHESTON MORRIS, M.D. With an introductory essay on Vital Force. By SAMUEL JACKSON, M.D., Professor of Institutes of Medicine in the University of Pennsylvania, &c. Illustrated

with forty wood-cuts. Pp. 331. Philadelphia: Blanchard & Lee. Montreal: B. Dawson. Quebec: Middleton and Dawson.

In the January number we reviewed Dr. Lehmann's large work on physiological chemistry. The one now before us, is an epitome of that work, and contains "the positive facts which can now be looked on as the certain possessions of physiological chemistry, in as compressed a form as possible." The American edition contains two chapters from the pen of Professor Jackson of Philadelphia. 1st. Introductory essay on the human organization and its forces. 2nd. Remarks on Dr. Lehmann's doctrine of vital forces.

The philosophic mind in all ages has been earnestly directed towards the elucidation of the mystery which involves the subject of the material and the spiritual. What is mind, and what is matter? What their nature, and what their relations? Are they distinct entities, or are they not? Is mentality a mere property of matter? What is life? These, and many questions of similar import, have stirred the souls of men, and the midnight oil has burned—the patient investigation has been accomplished—the musty records of the past, and the ever fresh tablet of nature have been deeply read—the body of the student has become bent, his brow furrowed and his hair sprinkled with grey—and what availeth it? Much of great and glorious knowledge has certainly accrued to us; but still we only begin to perceive the heighth, depth, and extent of our ignorance of nature—her workings and her mysteries. True, enthusiasts now and then startle us with the cry of "*Eureka, Eureka*"—and we sieze their volumes with avidity, eager to know if the standing enigma of compound man has at last been solved—if the interior arcana of nature have finally been penetrated and forced to yield their secrets; but, alas, we read few chapters ere we discover that, although apparently satisfactory to the writer, there is naught for us save wild conjecture, or, at the best, a plausible and decent hypothesis. That man is made up of a perishable material body, and an imperishable immaterial spirit, we fully believe. Our convictions, however, have not been formed from, or strengthened by the perusal of the writings of philosophers, or the researches of science. They are solely based on the authority of that Book whose teachings we are ever ready to receive with unquestioning confidence. The Scriptures teach it, therefore, we believe it.

Our author, like many others who have made one branch of science their constant study, thinks that vital phenomena are quite explicable by the principles of his favorite science. Whilst, however, he labors to prove that physical forces are sufficient for the production of all the vital processes, he clearly cannot divest his mind altogether of the idea that there is some force operating in the human organism, which

differs in its manifestations from any known physical force. "The correctness of the view," he says, "which ascribes vital phenomena to mechanical conditions cannot be purely tested till the existence of this new force has been proved; but how can such proof be adduced in reference to a force the simplest effects of which are unknown to us, and which differs from other forces merely by its disregard to all restrictions, and of the limits prescribed by physicists to laws? It may be briefly asserted that the exclusion of physical agency affords no proof of a purely vital force, and yet there is no other means by which its existence can be established. The physicist who rigidly follows the leading maxims of his own science, must admit the possibility of a vital force, although, he may regard any proof of its existence as at present impossible." In discussions of this nature too much importance is placed upon terms. Men will contend for precisely the same thing but in bitter hostility to each other, merely from the fact of their having called the same thing by a different name. Now Dr. Lehmann, and his critic Dr. Jackson both agree that the physical forces, as far as they are known, do not suffice to explain life-processes; that although they enter very largely into their production, there is beyond them, and apparently distinct from them, another dynamical agency. This, which Dr Jackson, with other physiologists, calls vital force, Dr. Lehmann supposes may yet be found to be a physical force, whose manifestations are different from any that we are now acquainted with. Here they differ merely as regards terms; for what matters it, whether this force be called vital or physical so long as it is recognized as the power which operates through matter, and by its relations to other forces, or modes of force, produces that arrangement of matter to which the term organic has been applied for the purpose of distinguishing it from the inorganic, in the formation of which we perceive the operation of the physical forces only.

Dr. L. asserts that the idea of vital force is illogical; for a force is merely the abbreviated expression of a law from which the causal connection of certain phenomena may be deduced; and that a vital force is no law. We agree with Dr. Jackson that this statement proves Dr. L. "has not investigated the physiological facts of embryology or organic development, or he could not have so broadly asserted that the vital or organic force corresponds to no law, and is not a necessary cause of multitudinous consequent phenomena. So far is this statement from being correct it may confidently be asserted that the evidences of law, of causal connection and dependence are as strong, as palpable, in the phenomena, the direct results of organic or vital force—those of organization—as are to be found in any of the physical forces. A few facts will prove this position. Prevent the spermatozoon from reaching the egg,

no monadiform germ cell, the primary form of all animals, is produced. Let this germ cell be artificially broken or injured, and no blastoderm will be formed; injure the blastoderm, and either no embryon and chick will be developed, or this last will be imperfect." P. 44.

Force, according to our conception, is the energy of the Almighty Will operating through the *material substrata* of the universe. As the substrata differ widely from each other, so the manifestations of force differ, constituting what Physicists describe as the phenomena of so many different forces. The source or origin of force being one and indivisible, unchangeable; force, in simple terms, being God in nature, it follows that it can never be lost, but, so soon as it ceases to exist in one form it must, of necessity, manifest itself in one or more different forms. Every change in the relations of the material substrata through which it operates will give rise to a change in the phenomena. Hence we find that all the so-called separate forces are readily convertible one into the other. —that they are strictly co-related, and "possess equivalents of power in their action." We would not have it for a moment supposed that in giving expression to this view, we are inculcating any thing savouring of Pantheism. Nothing is further from our purpose. God, undoubtedly, is in all things, or rather, all things are in Him. He pervades all nature. He is the great life-organ, whose pulsations send streams of vivifying energy to the ultimate ramifications of every extremity of His mighty universe. But, He is more than that—He is the incomprehensible Soul; the Eternal first cause, the Creator, Upholder and Director of all things.

II.—*The principles and practice of Ophthalmic Medicine and Surgery.* By T. W. Jones, F.R.S., Professor of Ophthalmic Medicine and Surgery in the University College, London; Ophthalmic Surgeon to the Hospital, &c. With 110 illustrations. Second American, with additions from the second and revised London edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856.

We have always regarded Mr. Jones' Ophthalmic Medicine and Surgery as incomparably the very best manual ever published, in the English language, upon the subjects of which it treats. The second edition appears under many advantages over the first; and we may safely assert of it, that we know of no other work on the eye we can so confidently recommend to the student for study, or to the practitioner for practice. Without extending our approbation further, we propose relating a brief

account of the ophthalmascope, one of the latest marvels in ophthalmic practice, for the edification of our readers:—

The ophthalmascope is employed for a two-fold purpose: 1. To illuminate the fundus of the globe of the eye, and 2. To obtain from the foregoing result a clearly defined view of the ocular surfaces presented. It is variously constructed, the more commonly used on the European continent are those of Anagnostakis and of Jaeger. The former, which is probably the more superior of the two, consists of a round concave mirror, having a diameter of 2 inches, and a focal distance of 4½ inches, the silvered surface being protected by a blackened copper plate. The centre of this mirror is perforated in a round hole of the diameter of ¼ inch. The instrument is, lastly, set in a handle, and is then complete with an ordinary spirit lamp. In order to use it, the pupil first having been dilated by atropine, the patient is seated, the lamp ignited and placed upon the side of the eye to be examined, and in front of the latter the ophthalmascope is held, the Surgeon looks through the central aperture, and notes the appearances presented. The principle upon which the practice is founded is equally simple: the rays of light from the lamp are concentrated by the mirror, and are deflected thence upon the cornea, where, in consequence of their intensified illuminating powers, the deeper parts within and behind the posterior chamber become visible. An extemporaneous instrument may be made at any time by scratching off from near the centre of a fragment of common looking-glass a little of the silvering; this, with a lamp, suffices for myopic eyes, but presbyopic eyes will require, in addition, a convex lens placed between the lamp and glass. In using either of the foregoing some little difficulty will, at first, be felt—thus the exact distance may not be readily got, when this is too great, a mere reflection will be perceived upon the cornea; when less, a kind of red glare is brought out from the fundus of the eye; and when still less, the *different textures of the retina will become conspicuous*. Of course these variations require to be performed carefully and gradually. Instead of a spirit lamp, a wax candle or an argand burner, or a solar burner, may be used. The candle suffices for the examination of the crystalline lens. The flame of the lamp should generally be a little in advance of, and quite near to the ear of the patient, and always in the same plane with the eye of the patient and of the observer. In order that different parts of the interior may be successively seen, the patient is to roll his eye about in various ways, according as directed, or if he is incapable of doing so, the Surgeon may obviate this difficulty by a little change in the position of his own eye, and ophthalmascope. Again, as the nearer the lamp approaches to the mirror, the more the focal distance is elongated; so the further is the lamp to be

placed from himself, the nearer the observer desires to look. And, lastly, in making the variations, the mirror and patient may be kept fixed, after the focal distance of the former is determined, while the shiftings are confined to the illuminator.

Several cautions are to be observed in ophthalmoscoping, and these refer principally to cases of amaurosis, which is the disease, for the discovery of which it is chiefly intended. Thus, according to Dr. Dix, who has an article in the *Virginia Medical Journal* upon the subject, the instrument is not to be employed in "*First.* All cases of incomplete amaurosis which are of recent date, in which vision is but little affected, and which were preceded or at their commencement accompanied by severe pain in or near the eye, by intolerance of light, or by tenderness of the globe to pressure. *Second.* Recent cases attributable to exposure to excess of light. *Lastly.* It should never be used in cases of acute inflammation of any of the textures of the eye." The use of the ophthalmascope is not without its dangers to the operator himself; in no case is it advisable for him to prolong an examination much beyond one minute. Its too assiduous employment might not unlikely induce amaurosis in the same way as intense artificial light, when otherwise reflected or refracted, proves baneful to microscopists, watchmakers, sea captains and others. By this valuable speculum all the parts behind the iris are as clearly perceived through the expanded pupil as are the anterior textures to the unassisted eye, allowance, necessarily, being made for the refracting influence of the transparent humors of the eye that is under surveillance.

III.—*Atlas of Cutaneous Diseases.* By J. Moore Neligan, M.D., Edin., M.R.I.A., Honorary Doctor of Medicine, Trinity College, Dublin; Fellow of the King and Queen's College of Physicians in Ireland; Honorary Fellow of the College of Physicians of Sweden; Honorary Member of the Cork Medical Association; Physician to Jervis Street Hospital; Lecturer on the Practice of Medicine in the Dublin School of Medicine, &c., &c. Philadelphia: Blanchard and Lee. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856.

Neligan's atlas of cutaneous diseases supplies a long existent desideratum much felt by the largest class of our profession. It presents, in quarto size, 16 plates, each containing from 3 to 6 figures, and forming in all a total of 90 distinct representations of the different species of skin affections, grouped together in genera or families, in accordance with the classifi-

cation constructed by the author in his "Practical Treatise on Diseases of the skin," as published in the American edition of the latter. The illustrations have been taken from nature, and have been copied with such fidelity that they present a striking picture of life; in which the reduced scale aptly serves to give, at a *coup d'œil*, the remarkable peculiarities of each individual variety. And while thus the disease is rendered more definable, there is yet no loss of proportion incurred by the necessary concentration. Each figure is highly coloured, and so truthful has the artist been that the most fastidious observer could not justly take exception to the correctness of the execution of the pictures under his scrutiny. This production reflects the highest credit on the establishment of the enterprising publishers, who have brought it out, apparently, without sparing themselves either personal expense or great undertakings. It is worthy of remark that the illustrations were expressly taken in Dublin, from patients either under the care or inspection of Dr. Neligan, so that the work is eminently original. No pains were spared to obtain accuracy of finish with truthfulness of representation; and as an instance the following circumstance may be mentioned:—"The Daguerreotype has been employed in several of the illustrations, in order to aid the artist in accurately reducing the figures, and retaining the exact proportions between the size of the eruption and the part of the body affected." Accompanying each portrait is a short account of the chief facts of the case to which it refers, such as the age of the patient, the duration of the disease, the phases passed through by the eruption, the effect of remedial agents, &c.

The above publication is sold at the comparatively low rate of $4.50, and thus is placed within the reach of every professional brother. Both the student and practitioner whose pecuniary resources may be limited, and who do not enjoy the privilege of having the command of a well-stocked public library, will hail with great satisfaction the appearance of this work. And they may congratulate themselves at being favoured with what must soon be generally recognized, as not only one of the best books in its way, but also as one recommending itself to preference over longer known productions professing a similar object—viz., that of facilitating the comprehension of a most important class of affections, which without the proffered aid would often be either unintelligible or greatly misapprehended, since, then, their descriptions would only be conveyed by oral tradition or printed directions.

IV.—*Headaches.* Their causes and their cure. By Henry G. Wright, M.D., M.R.C.S.L., L.S.A., Fellow Roy. Med. Chir. Soc. Physician to St. Pancras Royal Dispensary. J. Churchill, 1856. From the author.

The reader is here presented with a work eminently practical in character. Its style is exactly that required by a subject so popular. And its matter is remarkably well arranged. We should be glad this treatise received a widely spread diffusion through the ranks of the laity as well as the professional circles of society, for to both it is capable of proving generally useful. We quite agree with the Doctor that people are too often disposed to put up in the best way they can with the aches of life they call minor, and which they, erroneously, suppose are either not within the province of medical treatment or else not fitting cases to engross the attentions of the Physician. A vast amount of human suffering might most unquestionably be prevented by a timely adoption of means adapted to nip it in the bud. And however indisposed the public are to accept this truth it is one upon which practitioners always endeavor to act when they are afforded an opportunity. The study of prophylatics is also, we are glad to know, rising of recent years in importance and interest, by the many valuable acquisitions brought within its folds by increasing experience and observation. Of the minor aches, headache is believed to be by far the most prevalent and the one met with under the greatest number of varieties. It sometimes constitutes the whole disease but more often is but a single symptom, and according to the other marks of disorder coupled with it, declares the particular lesion upon which it depends. Often, again, it is but a warning of many distant dangers, which, unless it be overcome, will surely follow. While at other times it is a symptom of present derangement. Were the laity aware of these essential differences in the import of headaches, we feel sure they would refrain from injuring themselves by their pernicious practices of treating each and every one upon some *simple* plan of their own. And, therefore, as we said, we wish this book were distributed among them to be learned and acted on. Practioners also will find much valuable information particularly in the symptomological and therapeutical portions, and the whole is enriched by a copious formula of useful prescriptions.

V.—*On some diseases of women admitting surgical treatment.* By Isaac Baker Brown, F.R.C.S., Surgeon Accoucheur to St. Mary's Hospital, Vice President of the Medical Society of London, &c., &c.

Illustrated by twenty-four wood engravings. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856, pp. 275.

Some few months ago the London edition of this work was reviewed in the last volume of our journal, so that on the present occasion but little remains for us to do. It may, indeed, suffice for us to say we have much pleasure in renewing the favorable opinion of its merits that were formerly expressed. For the benefit of our readers we must, however, also add that the present edition is not a reprint of the English copy but appears to have been published on this continent, independently, of the latter and almost cotemporaneously with it. Purchasers in Canada will find it advantageous in an economical point of view to secure the American edition which compares very favorably with its associate—the text is clearly printed and well illustrated with explanatory wood cuts—while the selling price is much lower.

CLINICAL LECTURE.

(*Medical Circular.*)

On Modified Small-pox and Varicella. By M. Trousseau, Physician to the Hotel Dieu, Paris.

Many physicians in our days still confound modified small-pox and varicella, and yet these two diseases are as unlike one another as vaccinia is unlike variola.

When an individual who has been vaccinated comes into contact with a person labouring under small-pox he becomes affected with small-pox of a particular kind. If the latter person come, in return, into contact with persons who have not been vaccinated, to these he communicates small-pox, usually distinct, but sometimes also extremely confluent. Small-pox and modified small-pox are one and the same disease, only the latter has been modified by previous vaccination.

Varicella occurs in individuals who have been vaccinated, as well as in those who have not,—in such as have had small-pox, and in such as have not. At the Hôpital Necker, where all the children had been vaccinated when a case of varicella has been admitted into my wards, I have seen the disease spread to every one of my little patients. Varicella never gives rise to small-pox or to modified small-pox. It becomes, then, highly important to know with certainty how to distinguish it from modified small-pox, which, you know, does not possess the same immunity. Let us pursue a little further the development of this subject.

MODIFIED SMALL-POX (VARIOLOID DISEASE).

When I began my medical studies, thirty-four years ago, it was generally admitted that an individual who had been vaccinated, could never afterwards have the small-pox. In 1825 a terrible epidemic small-pox broke out in Paris, when some individuals who had been vaccinated be-

came affected with a disease resembling small-pox. Mr. Husson, one of the physicians of the Hôtel Dieu, who had devoted much attention to the study of small-pox, denied the occurrence of small-pox after vaccination. The thing seemed so extraordinary, that when a vaccinated person labouring under small-pox was brought into an hospital, a volley was rung to collect the greatest possible number of physicians to consult on this anomaly. But after the epidemic of Edinburgh and that of Marseilles, this was no longer contested. The different Governments of the Germanic Confederation took, on that occasion, the following measure: They caused not only all the Military to be vaccinated, but every one who entered the Service, although he might previously have undergone that operation, had to submit to be vaccinated anew.

Small-pox may appear soon after vaccination. At the Hôpital Necker I saw a child seized with small-pox, whom I had vaccinated two years before. A woman and her children were attacked with small-pox after vaccination. The mother died; the children had only a benign varioloid affection.

The precursory forms of the varioloid disease are nearly the same as those of small-pox. Besides the initial fever, there is frequently seen a scarlatinous or petechial eruption, which, in a prognostic view, is but of slight importance. On the fourth day the eruption appears. In the variola discreta, the pustules are accompanied by a well-marked inflammatory areola; in the varioloid disease the pustules become slightly umbilicate, are not unequal, continue acuminated, are more or less projecting, and finally become encrusted. The ninth or tenth day of the disease—that is, the fifth or sixth of the eruption—shows the dessication complete, which is never the case in small-pox. When the tumefaction, in small-pox, ceases all at once on the ninth day, I have told you it is a sign almost always mortal. In modified small-pox, by the ninth day the whole is finished.

VARICELLA.

There are physicians occupying an eminent scientific position, who declare that varicella is only a modification of small-pox,—a particular form or variety of variola; a great and very dangerous error. When a case of varicella is received into my wards at the Necker—if, for example, it is the 1st of June—I direct this to be written: "From the 15th to the 17th of June there will be other cases of varicella in my wards." And this prediction has never failed. When the case was one of modified small-pox, eleven or twelve days afterwards I was sure to see the varioloid eruption appear. So you see how essentially different is the period of incubation in the two diseases.

A vaccinated child that has had variola will take varicella, should varicella be in the family; but the same thing does not occur in variola and in the varioloid disease.

Children suffering from varicella have, at the outset, fever, with small red spots; then bullæ are perceived—phlyctenæ of perfect transparency, without any surrounding inflammatory areola. What takes place in varicella, thirty-six hours from the outset of the disease, you do not see in small-pox till about the eighth or the ninth day. In small-pox the eruption is simultaneous: in varicella it is successive. You observe fever

and spots; and about the fourth or fifth day you see the fever entirely disappear.

The first day of the eruption in varicella, the bulla, is transparent; the second it is a purulent phlyctena; and the third it contains alactescent fluid. In variola discreta the pustule, in form, is round, like a drop of wax adhering to the skin. In varicella the bulla is unequal and jagged: in small-pox the pustule is umbilicate; the bulla in varicella is not, and leave behind a speck of a deep bistre colour, easily distinguishable from the yellow mark left on the skin by small-pox. Twelve or fifteen days are required for the complete evolution of the variolic pustule; four or five suffice for that of varicella.

Varicella is always a disease of little severity. I have never seen it terminate fatally, and I do not know that any one has ever sunk under the attack of a *verolette*, as it is still called.

As sequelæ of varicella in children, symptoms may be seen that may become fatal; as, for example, when there is a tendency to suppurate, a pemphigoid disease may arise, sometimes with very large bullæ, leaving extensive ecchymoses. The disease has then nothing in common with small-pox, from which it differs essentially.

Thus, then, small-pox and the varioloid disease (modified small-pox) are identical, whilst varicella is distinguished from them by dissimilarities in the period of its incubation and febrile attacks, in its form, the duration of its eruption, the nature of its pustules, and degree of severity.

THERAPEUTICAL RECORD.

(*American Pharmaceutical Journal.*)

On the Therapeutic Action of the Vapor of Bi-Sulphuret of Carbon.—Dr. Calvin G. Page recommends the vapor of bi-sulphuret of carbon to be applied externally, for neuralgic and rheumatic pain, by holding a wide-mouthed vial, containing half a drachm of that liquid, so that the vapor will be brought in contact with the part affected. The vapor produces at first a sensation of coldness, then a feeling of warmth with prickling, which rapidly increases until it can no longer be borne. Dr. Page believes it to be a valuable agent for the temporary relief of pain, and in certain cases with permanent benefit.

Fecula of Colchicum Autumnale as a source of Alcohol.—M. F. Comar says that the fresh bulb of Colchicum, yielded to him 21 per cent, of starch granules and that he was unsuccessful in detecting inulin, which has been announced as an ingredient of the cormus of this plant. M. Comar thinks this large percentage of starch is worthy of attention as a source of alcohol, and by an experiment, extracted 64 centilitres (1⅓ pint) of that fluid from 14lb, of the fresh bulbs.

New Test for Nux Vomica.—Vielgruth has proposed the following simple test for nux vomica. A few grains of the substance supposed to

contain nux vomica is treated with proof spirit. The tincture is evaporated to dryness, at a temperature not exceeding 958 F. A drop or two of dilute sulphuric acid is added to the residue. The whole is again exposed to the above mentioned temperature; when, if nux vomica is present, a beautiful carmine-red color ensues. If the heat be stopped in ten or fifteen minutes, the color disappears, but will reappear with less brightness on reheating.

Oleo-Margarate of Zinc as a substitute for Lead Plaster.—M. de Mussey, during a residence at the Pyrenees, was struck with the fact that in those patients who make use of diachylon plaster, a black stain was caused by contact with the sulphurous water of the baths, in all places to which the diachylon had been applied. It was found that if the skin had been in contact with this preparation for a few minutes only, a sufficient quantity of lead would adhere to form a thick layer of sulphuret lead, after being plunged into the water which was with difficulty removed. Simply handling the plaster was enough to produce the same reaction with the mineral water on the fingers. This fact suggests that lead poisoning may occur by the external application of lead in this form. At the request of M. de Mussey, M. Boileau, Jr., of Luchon, in the Pyrenees, made some nice "zinc plaster" by precipitating white soap in solution with sulphate of zinc, and afterwards adding to the dried precipitate, resin, etc., as in diachylon. Its efficacy as a substitute for lead plaster has been tested affirmatively.

Action of Sugar on the Teeth.—M. Larez, in a course of investigation, arrived at the following conclusions, viz.—

1. Refined sugar, from either cane or beets, is injurious to healthy teeth, either by immediate contact with these organs or by the gas developed, owing to its stoppage in the stomach.
2. If a tooth is macerated in a saturated solution of sugar, it is so much altered in its chemical composition that it becomes gelatinous, and its enamel opaque, spongy, and easily broken.
3. This modification is due, not to free acid, but to a tendency of sugar to combine with the calcareous basis of the tooth.

Eau Sedative de Raspail is prepared of three strengths:—

Take of Solution of ammonia (22°)	60 parts	80 parts	100 parts
Tincture of camphor,	10 "	10 "	10 "
Common salt,	60 "	60 "	60 "
Water	1000 "	1000 "	1000 "

Dissolve the common salt in the water, then mix the camphor and ammonia together, and add them to the saline solution. M. Raspail intends No. 1 for persons whose skin is easily affected by rubefacients; No. 2 for allaying the pain from the sting of insects, and No. 3 for these patients who have a hard, callous skin. It is employed in hemicrania, cerebral congestions, and rheumatic affections. It is applied by compresses to the part affected, and when near the eyes care should be extended to protect them.

PERISCOPE.

Tapping of the Pericardium.—M. Aran, physician of the Hospital St. Antoine, at Paris, brought before the Academy of Medicine the case of a young man, 23 years of age, who was admitted under his care in July, 1855, with all the symptoms of severe pericarditis. The patient had been treated for pleurisy in the same hospital a few months before, and there was reason to believe that tubercles had formed in the lungs. As the young man was, on his second admission, very weak, and affected with diarrhœa, the antiphlogistic treatment could not be used with sufficient energy; and the inflammation of the pericardium, far from becoming subdued, was speedily followed by effusion. The liquid was so abundant, that very severe fits of dyspnœa came on, and M. Aran therefore resolved to tap the pericardium.

Though physician to an hospital, he performed the operation himself, with a small-sized trocar and canula, the direction being from below upwards, in the fifth intercostal space, a little below the spot where the dulness on percussion was well marked. The actual extent of the distended pericardium was figured by concentric lines drawn on the chest, and the actual situation of the heart carefully ascertained by auscultation. About twenty-eight ounces of a reddish transparent serosity escaped, with great relief to the urgent symptoms which had called for the operation. An injection was then thrown into the cavity of the pericardium, composed of an ounce and a half of water, half an ounce of tincture of iodine, and fifteen grains of iodide of potassium. The injection was well borne, and a few drachms of the liquid having been allowed to flow out, the wound was closed by compresses.

The symptoms, however, returned, and twelve days after the operation tapping was again had recourse to, when forty-nine ounces of a greenish albuminous liquid escaped. A stronger iodine injection was now used. The operation gave the patient neither pain nor uneasiness, and in the space of ten days the dulness had considerably diminished. But as the heart and pericardium improved the lungs grew worse; symptoms of tubercles became more plain, and dropsical effusions in various parts of the body appeared. The latter symptoms were removed by blisters and vapour baths, and the patient finally recovered so far as the affection of the pulmonary organs would allow; but the whole treatment used for the pericarditis with effusion was completely successful.—*Lancet.*

Chloroform in Intermittent Fever, by Dr. N. Dalton, of Logan, Ohio. Some time in September last, I visited a young athletic man, laboring under an intermittent, with general visceral congestion, which seemed to menace his life. I was convinced he must die, unless he was speedily relieved. For promptitude, I was induced to try the internal use of chloroform, and gave him about two drachms, with half gr. sulph. morphine. In a few seconds, he fell asleep, and slept soundly. His pulse, which could not be felt at the wrist, came up to about ninety, full and soft, and, when he awoke, to my astonishment, expressed himself perfectly well. All the unpleasant symptoms had given way, nor was the cold stage followed by any feverish reaction. This all occurred in less than an hour. I was so much pleased with its effects that I concluded to test its anti-periodic properties by risking the probability of its return.

From four to five weeks did elapse before it did return, during which time, and since, I have given it in the cold stage of quite a number of cases of simple intermittent, in doses varying from one to two drachms, in a little camphor water, both alone and combined with the morphine, and in every case have had the pleasure of witnessing the same prompt arrest of the disease; and in but two cases has there been any return of the ague, and in one only has there been any feverish reaction; but all are instantly arrested. I mentioned the matter to my partner, Dr. Hoffman, who has used the chloroform in a number of cases with the same happy results; also, to Dr. Pullen, who tried it on himself, with the effect of immediately arresting the chill, leaving him to feel as well as usual after an intermittent attack; but, being fearful of its anti-periodic properties, took from two to three grains of quinine the next day, and has not had a return of the ague since.

I will report more fully as soon as I can get time, possibly during the coming month. In the meantime, I hope you will lay this before your readers in some shape, that it may be more generally tried. If found to be as serviceable in the hands of others as in ours, it will be of incalculable benefit, both in relieving human suffering, and in a monetary point of view. Should it, on the other hand, serve no other purpose than promptly to arrest those alarming and so frequently fatal congestive chills, it will do much good.—*Ohio Med. and Surg. Journal.*

The Treatment of Hæmoptysis, by M. Aran. M. Aran agrees with those who entirely condemn the employment of blood-letting in the treatment of hæmoptysis, as it only temporarily arrests the bleeding, while it is dangerous, owing to the debility and increased susceptibility to the intercurrent affections it gives rise to. He has, for some time past, been engaged in testing the efficacy of the various hæmostatic agents employed in hæmoptysis; and in this paper he gives the results of his observations. He considers the essence of turpentine a most valuable remedy, gives it in doses of from 10 to 30 drops every hour, either in a spoonful of water, or mixed up with magnesia as a bolus. Marked amendment usually occurs in a few hours, and in from twenty-four to thirty-six hours the bleeding ceases. It is less suitable for young or plethoric subjects, with febrile action, than in weak, cachectic individuals, exhibiting atonic characteristics. Ergot of rye and ergotine are far less efficacious; but chloride of sodium, given in doses of 1 to 2½ drachms, proves very efficacious in some cases, and has the advantage of being always at hand. Among the astringents, tannin, and especially gallic acid, are to be recommended; the latter, while quite as efficacious, does not exert the same desiccating effect upon the tissues, or induce the obstinate constipation produced by tannin. As a mean dose, M. Aran gives 15 centigrammes (a centigramme is 1-7 grain) every hour or alternate hour. He has had little experience in the use of emetic and nauseating remedies; but, in three cases in which veratrine was employed, the bleeding ceased as if by enchantment. This class of remedies, indeed, would deserve to stand in the first class of hæmostatic agents, were there not others possessing like efficacy, and yet not giving rise to the painful nausea these produce. M. Aran has derived great

advantage from the combined use of digitalis and nitre. In ordinary cases, he gives, in the twenty-four hours, 30 centigrammes of digitalis, and 1½ gramme (a gramme is 15 grains) of nitre, divided into four doses; but, in very severe cases, these doses may be very much increased, so that the digitalis has been given to the extent of 1½ gramme, and the nitre to 4 grammes, without injuriously affecting the action of the heart, while the effect produced on the hemorrhage has been remarkable. Its arrest, never, however, takes place so suddenly under the use of these medicines, as when turpentine or gallic acid is employed.

In abundant but not immediately dangerous hemorrhage, we can choose among any of the above-mentioned means. In extremely abundant hemorrhage, we must arrest the flow as speedily as possible, by agents which do not depress the powers of the economy too much, and which are not too slow in their operation. Neither ergot, acetate of lead, nor alum is sufficient to meet the danger. Turpentine, gallic acid, chloride of sodium, or nitre with digitalis, can alone be trusted; but the necessity of increasing the dose with the intensity of the hemorrhage may perhaps render the chloride of sodium, and especially the nitre and digitalis, dangerous, through the possibility of a production of a too great depression of the heart's action. It is, therefore, to gallic acid or turpentine that we must chiefly trust in these severe cases; and we must not limit ourselves to their employment, but also endeavor to procure a temporary arrest of the hemorrhage by ligatures to the limbs, and the application of ice to the chest, allowing the means employed internally to consolidate this temporary cure.—*Med. Times and Gazette*, Jan., from *Gaz. Hop.* 1855.

A new mode of exploration by the simultaneous employment of Percussion and Auscultation.—Although but little practice is required to recognize, by the different degrees of sonoriety, intensity, and tone, the situation of the internal organs, and the marked changes which may occur in them, yet, to distinguish changes of function or structure, which occasion but very slight modifications of the normal sounds, the highest cultivation of the ear is essential. The means hitherto employed have not always enabled the most expert and experienced to detect the existence of internal changes. A very simple procedure, which, surprisingly, has not suggested itself before, has been recently proposed by an American physician, at present at Honolulu, on one of the Sandwich Islands.

Two persons are required to practice this mode of observation. One percusses whilst the other applies the stethoscope to the vicinity of the spot percussed. While he who percusses distinguishes only the coarse sounds, and the broad differences of sonoriety; to the ear of the auscultator is conveyed the faintest sounds and vibrations, with their minutest shades of variation. Dr. O'Rorke, who reports this method, in *La Lancette Francaise*, thinks that it will become exceedingly easy to trace, by its means, the exact limits of the heart, the liver, the different portions of the intestines, the course of the great vessels, and to ascertain the presence of liquids and gases in the internal cavities. The

fingers were used to percuss in these trials, but any substance may serve equally well as a plexímeter. The stethoscope is directed to be placed, according to the case, more or less near the spot percussed.

The only objection which can be urged against the method of exploration seems to be the necessity of having an assistant; but, as it will only be occasionally requisite to resort to this rigorous mode of investigation, it may be found generally inconvenient.—*Charleston Medical Journal and Review.*

Quinine in hooping-cough.—In some parts of Europe, after treating the preliminary stage of hooping cough with emetics of ipecacuanha, emollients, and revulsives, quinine is generally relied on to complete the cure. It is given immediately after the fit, in order to give time for the remedy to act before the succeeding paroxysm. Other remedies commonly employed, such as belladonna, assafœtida, sulphuret of potassium, coffee, cochineal, &c., do not seem to aid the curative action of quinine. All this may be received as evidence of the existence of periodicity in connection with the disease thus treated, which is often the case, doubtless in this country, also.—*Memphis Medical Recorder.*

On the Xiphisternal or Pericardial Chisel-Sound. By Dr. E. Smith.

The author commenced by laying down the following propositions, distinguishing between facts and hypotheses:—1. (fact.) A single chisel-sound is heard in the lower sternal region, in persons apparently healthy. 2. (hypothesis.) The sound is due to white pericardial patches, *plus* toxæmia. 3. (fact.) It is usually accompanied by a certain form of dyspepsia, which disappears with it under treatment addressed to the assumed pericardial lesion. 4. (hypothesis.) The attendant dyspepsia is only sympathetic. 5. (fact.) The disease, of which the chisel-sound is the manifestation, is almost confounded with ordinary dyspepsia, or some other disorder, although a diagnosis can readily be effected by observing the concurrence of the physical signs with the symptoms. 6. (fact.) The natural course of the disease is to persist; and, 7. (fact.) It is not dangerous to life. 8. (fact.) It requires no treatment when unaccompanied by disorder of digestion, or of any of the other natural functions. 9. (fact.) When it is present with any other disease, benefit to that disease usually results from cardiac treatment. 10. (fact.) It readily yields to mild antiphlogistic treatment addressed to the assumed lesion. 11. (fact.) It can only be diminished, but not removed, when the heart is diseased in its valves or muscular tissue. 12. (hypothesis.) The disease consists in general dyscrasia, with local perverted nutrition; the dyscrasia being allied to that of dyspepsia, gout, or rheumatism; and the local lesion consisting in milky patches on the pericardium. 13. (hypothesis.) Toxæmia invariably coexists with white patches on the pericardium, when the chisel-sound is heard. 14. (hypothesis.) White patches arise either by an inflammatory or a non-inflammatory process. 15. (hypothesis.) The chisel-sound does not follow upon the double friction-sound of mild subacute pericarditis, except when dyscrasia su-

pervenes upon the pericarditis. 16. (fact.) Pericarditis, mild and limited, will occur, and will disappear without giving rise to the chisel-sound. 17. (hypothesis.) The white patches on the pericardium are analogous to those observed on the liver and spleen. 18. (hypothesis.) The white patches that arise from a perverted nutritive process are attended during their formation, by hyperæmia and pain. Dr. Brown said that he did not attempt to explain the physical cause of the chisel-sound: it was a single sound, synchronous with systole, and resembled the noise made by a chisel or short plane used forcibly across the end of a piece of timber. It is heard at the lower part of the sternum, and over the xiphoid cartilage, and is most intense there even when it extends over the whole sternum. The extent of cardial dulness is sometimes increased towards the præcordia, but not always. The dyspepsia accompanying the chisel-sound is not amenable to stomachics and tonics, but is removed, together with the sound, by leeches, blisters, tartarized antimony, and iodide of potassium. The author related a number of illustrative cases; and concluded by desiring the assistance of the profession to investigate the subject.—*From Dublin Medical Press.*

Intermittent Opacity of the Cornea, Supervening after Sleep. By V. Rosas.

The following case is probably unique in the records of science, and we therefore reproduce it in detail:—

The patient is a man of 25 years of age; he dates his disease from about eighteen months anterior to the present time. He first perceived it on awakening from a sleep, which had been preceded by great fatigue of vision, almost uninterrupted for two days and two nights. Since that period, he experiences every day on rising from bed, obscurity of sight, attended with a corresponding want of transparency of the cornea of the right eye. This obscurity usually lasts four hours; it is only when the patient engages in violent exercises, or under the influence of other exciting causes, such as electricity, stimulating ointments, &c., that the opacity continues a little longer. Cold douches to the head, on the contrary, remove it in the course of half an hour. Immediately after awaking, the patient experiences nothing particular, so long as he remains in the recumbent position in bed; but as soon as he makes the least movement to raise himself, he perceives his sight becomes gradually obscure. The affection attains its maximum in five minutes; it remains in this state for an hour, and then decreases steadily until it wholly disappears, in the time already mentioned.

The right eye, when examined during the period of transparency of the cornea, presents a slightly injected state of the ocular and palpebral conjunctiva, the cornea, the lustre and degree of curvature of which have undergone no modification, being perfectly clear; the aqueous humour and the anterior chamber exhibit no abnormity. The iris is detached in many points, from the ciliary ligament, the chief solution of continuity being above; it, as well as the other, presents this peculiarity, that it engages only the anterior layer of the membrane; the pigmentary layer is not at all separated from its adhesions to the ciliary

ligament. The pupil is carried downwards and inwards; it has an oval form, but retains its normal magnitude, and contracts vigorously under the influence of light. The ophthalmoscope discloses a considerable injection of the retina and decided hyperæmia of the choroid; the latter is also easily seen without the aid of an instrument.

The treatment consisted at first in cold douches to the head; it has already been stated that they had the effect of reducing the duration of the attack to half an hour, but they did not prevent the supervention of the subsequent paroxysm. After having borne them for a fortnight, the patient refused to submit to them longer. Sulphate of quina, opium, morphia, iodide of potassium both internally and externally, were afterterwards tried.

None of these means were successful. Mercurial inunctions around the eye and the application of electricity had the effect of prolonging the duration of the opacity by half an hour. Six weeks' treatment having failed to modify the symptoms, the patient was advised to try what rest alone would do.

What cause can be assigned for this singular affection? What explanation can be given of this periodical opacity of the cornea? In the present state of science it is impossible to say. The author for a time was of opinion that it proceeded from an accumulation of epithelium on the anterior surface of the eye; but he was forced to renounce this explanation after having ascertained that the vision became obscured, not during sleep, but at the moment when the patient was about to leave his bed.

Dr. Jacob pertinently observes:—In "Ophthalmology" just now some people are seeing too much and some too little, so let readers beware, for there is much nonsense current in print about things "unique" in this line. The eye in question has evidently undergone considerable change in structure from inflammation, from which it is not yet recovered, and will probably undergo more.—*Dublin Med. Press.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

NEW DRUGS IN THE PARIS EXHIBITION, 1855.

One of the most important appears to have been a new variety of opium cultivated in Algiers. Judging of its merits by the process of morphiometry, it is not inferior to some of the best varieties of smyrna opium; on the average 9.4 per cent. of morphia have been extracted from it, and the variations were from 7 to 11.3 per cent. Algeria opium as this species may be called, can be produced at comparatively a cheap

rate, viz., 18*s.* 4*d.* per lb.: as may be inferred, the crops must necessarily be luxuriant; in one year (1851) the poppies were so thickly set together, and so remarkably prolific that 17 lbs. 13 oz. of yield were obtained from a single acre of ground. Canadian Isinglass also attracted considerable attention; until very recently it was unknown or uncared for. Now, however, it is likely to fall into extensive and general demand. For its quality is very superior, and were the same skill and attention given to its dressing or preparation, as there is to the Siberian and East Indian varieties, there can be no doubt but it would most successfully compete with these in the market. It is procured from the swimming bladder of the sturgeons, (*Acipenser*) [Huso. ?] which abound in the great rivers and lakes of this Continent. A farinaceous article, richly nutritious in character, deserves notice. The root of the plant yielding it, is enormous in size, and from a single one, from 20 to 50 lbs. of starch have been extracted. The vegetable grows in some parts of Jamaica, but its identity has not been satisfactorily settled. It is reported to be a species of the genus *Ipomœa,* but this opinion has been doubted, and the botanical source has been referred to a canna—the *c. achira.* The tubers of the latter agreeing most closely with the above; in the natural state being found as large as the human head, and leaving it probable that under cultivation they would attain the weight above indicated. An aromatic volatile oil, resembling the far famed otto of roses, was exhibited. It is the essence of geranium, and is got by distillation from the leaves of the *Pelargonium roseum and P. odoratissimum.* About 800 grains are afforded by 220 lbs of the materials, to which the petioles and herbaceous stems are allowed to remain attached. British Guiana among a host of curiosities, sent a specimen of caba calli bark; a decoction of which has the reputation of being an excellent lotion for ulcers of an indolent nature. The bark is separated from a tree which runs up to the height of 50 feet, and furnishes a very hard closely grained timber, that is well adapted for shipbuilding, The wood cuts into squares varying from 12 to 18 inches; it is not likely to fall a prey to insects, as it contains a bitter principle; and it is said it must be fastened with copper nails. Another bark from the same place was called cowechi bark. It is a valuable remedy in dysentery. The liber is to be scraped and mixed with cold water until the water becomes mucilaginous. One small tumblerful of this is to be drank every eight hours. Curarhuri bark from the same country is stated to used at home in the state of decoction, internally as an emetic, and locally as a wash for foul sores. It no doubt contains a peculiar acid principle that has not yet been isolated. Several other barks enjoying nearly similar therapeutical properties were associated with the foregoing, viz., hya-hya or milk tree, kirabelli, mora,

pacuri, soapwood, and wild cashew. These chiefly abound in an astringent matter, they are largely used in the cure of wounds, abrasions, ulcers, &c., and surprising effects are ascribed to their employment. The natives of British Guiana are very subject to a malignant ulceration of the rectum, and for relief of the distress, thus entailed, they resort to these drugs. Of the articles contributed by Jamaica two may be briefly noticed. One was a very fine sample of nutmegs. It appearing that the *myristica moschata* thrives admirably in Jamaica, more especially in a humid locality. A single tree 15 feet in height, puts out branches to the ground, and matured from 900 to 1000 fruits yearly. The other was a meal distinguished as "the Plaintain." It is prepared by slicing the immature fruit of the *musa paradisiaca* into thin pieces, drying them in the sun, and pounding or grating them. The starch constitutes a highly nutritious food for infants, and is excellent for puddings. A vast number of other drugs, equally novel, were also on sight, but we have not been able to learn enough of their properties or value, to permit our venturing any statement concerning them. The show of chemicals was described as very magnificient and complete.

INDECENT ADVERTISEMENTS.

A great deal of virtuous indignation has been expended by platform speakers and pulpit orators upon the immorality of the cheap literature of the day. Whilst some have unjustly condemned all "light reading," including under this head the best works of our most celebrated writers of fiction, others, with more discrimination, have separated the wheat from the chaff, and denounced only that kind of reading which is noted for its wild extravagances, false views of life, and immorality; and which is so well known as the "yellow-covered literature." No good man, no lover of his country or his kind, but must feel deeply pained to witness the number of filthy and obscene pamphlets which are yearly imported into Canada from the neighbouring Republic. The licentious creations of the polluted mind of a George Sand, a Paul de Kock, a Sue, a Reynolds, and a host of minor writers of the same stamp, are beginning to find numerous readers among the youth of our population; and thus, seed is being sewn broadcast, which is certain to yield, as it has already done in the United States, a luxuriant crop of infidelity and libertinism. Deplorable as are the effects on the morals of a community resulting from a wide-spread circulation of such novels and novellettes, it is not these that society has most to dread; it is rather the tenfold more abominable and insiduous productions of the "manly vigour"

school of writers—those despicable panders to the lowest and basest passions of our nature. Had we anything to do with legislation we would certainly impose penalties of the severest nature upon those who, under the name of science and with the pretence of benefitting their fellow-men, send abroad works calculated to subvert everything that is lovely, virtuous, and of good repute in the human character. Nor would we spare their aidors and abettors—those publishers of papers, who, for the sake of filthy lucre, give place to their advertisements, and thus assist in scattering the germs of a moral plague throughout the land. The Montreal Press has, up to the present, kept itself remarkably free from the pollution of *indecent advertisements;* and it was, therefore, with feelings of sorrow that, in taking up a number of one of our hitherto respectable papers—a paper which we know is received into many respectable families, we observed no less than four filthy announcements in its advertising columns. Were we the head of a young family, we would infinitely rather place in the hands of our children the lightest of light reading, so long as it contained nothing offensive to morality, than a copy of the paper we allude to. One thing we would be certain of by so doing—we would not be placing in their hands a match to fire their dormant passions, by giving them directions where to obtain pictorial representations of the male and female organs of generation, &c., &c. The only one of these advertisements which we intend noticing, for they are all equally foul and mischievous, is said to be embellished by "100 *electrotyped picture representations,*" and among other things to contain—

"The anatomy of the generative organs of the male and female—Kidneys, Bladder, Seminiferous tubes, their number and length, impotence and sterility of Birds, Boar, Rat, Camel, Horse, Bull, Ram, Goat, Guinea Pig, Lion, Elephant, Panther, Cat, Doe and Fish—Prostate Gland, Puberty, the changes it produces in the system—Instinct, differences between Man and Animals, Womb, Pregnancy and Parturition, Ovum, Ovaries, Process of Impregnation, Fœtal Circulation, Puberty, Duration of Virile Power, Impotency and Emissions, Sterility, Causes and Cure, Barrenness, Causes of Unfruitful Marriages, Libertinism, Self-abuse, how to tell the sex of children before birth, Prevention of Offspring, Deaths in Parturition, Causes of Seminal Diseases and Debility, best mode of retaining Sexual Viger to old age, Children diseased by nurses, Child-bearing, Fruitful months, Color of Hair, Epilepsy, Temper, Total Abstemiousness, Choice of a Partner, Causes of difference of the Sexes, Royal Families, Persians and Mongolans, Marrying Age, Bachelors and Old Maids, Formation of Fœtus, Resemblance in the Offspring of the Parents, Quackery and Quacks, Specifics, History of Venereal diseases, Virulent and non-Virulent, Weakness peculiar to Females, Medicines in restoring Menstruation, Syphilis, Primary and Constitution Buboes, Gonnorrhœa, Gleet, Retention of Urine, Excoriations, Innocent,

and Unforseen Affections, Strictures, their symptoms. Inflammation of the Neck of Bladder, Varicocele, Hydrocele, &c."

What a fearful array of all that is essentially gross and lewd, is the above. And think, only think for a moment, that the sheet containing it lies every day within the reach of numbers of pure and unsuspecting youth of both sexes. Oh! if parents only knew, what is known to every medical man in the country, the desolating effects, physically, morally, and mentally, which these execrable works have produced in those who have perused and believed them, they would never allow a paper containing such an advertisement over the threshold into the sacred precincts of their home. Better never read a paper, if it were necessary, than to risk the introduction of a serpent into the bosom of their family, whose venom, when once infused, poisons the very springs of moral action, and serves to render the affected one an object of distress to his friends, a disgust to others, and a loathing to himself. There is one matter in the above advertisement which, we think, ought to subject all parties concerned in giving it publicity, to a state prosecution. For the protection of society, and suppression of crime, the authorities should take cognizance of, and vigorously put down, every attempt to give currency to plans for the purpose of effecting the "prevention of offspring."

From what we know of the publisher of the paper we have alluded to, we believe nothing is further from his intention than to aid in the increase of licentiousness in the Province. We believe he has allowed those advertisements to get into his respectable paper, either through ignorance of their contents or their bearing. We hope, therefore, that he will now see the necessity of immediately removing them from his columns, which are disgraced by their presence.

MEETING OF COLLEGE OF PHYSICIANS & SURGEONS, C.E.

MONTREAL, 13th May, 1855.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held this day at the Mechanics' Institute, when there were present:—Drs. Holmes, Fremont, Robitaille, Marmette, Boudreau, Landry, Marsden, Von Iffland, Russell, Chamberlin, Foster, Fowler, Badeau, Brigham, Boutillier, Glines, Weilbrenner, Johnstone, Campbell, Munro, Bibaud, Sutherland, Boyer, Jones, Peltier, Sabourin.

Dr. Holmes, the President, took the Chair.

The minutes of the last semi-annual meeting, held in Quebec, in October, 1855, were read and approved.

Messrs. Lelievre and Anger's account for lawsuit expenses in the case of Dr. Lachance *vs.* Widow Crépeau was rejected, and it was decided by the meeting that the said account should be paid by Dr. Lachance.

Dr. Steine, a gentleman practising in Lachine for some time, applies to the Board for the License of the College, on the plea that he had already many years past obtained a certificate from the Board of Examiners, then in existence, and that having been obliged to return to Europe soon after his examination, he did not apply for his License at that time, but kept the certificate of his examination as a voucher.

Dr. Steine's demand was granted, and he accordingly received the License of the College of Physicians and Surgeons of Lower Canada.

Dr. Peltier, the Secretary, presented a petition from Mr. Moses Mayball begging that a License be granted to him without examination.

Dr. Chamberlin moved, seconded by Dr. Bouthillier, "That a Committee of three members be appointed, to whom shall be referred all papers, petitions, communications, upon which they will report to the Board."

Drs. Bouthillier, Chamberlin, and Fremont were called upon to act on the said Committee.

The Committee, after having examined the petition and certificates of Mr. Moses Mayball, reported that in their opinion the College has not the power to grant the prayer of the petitioner.

The following gentlemen, with University Degrees, were sworn, and granted their Licenses:—Drs. Stevenson, J. C. Lee, W. J. Jones, A. H. Kollmyer, Hamel, Labarge, Dupuis, Alex. Kirkpatrick; all graduates of M'Gill College.

Dr. Stein received also his License.

The Board then proceeded to the examinations.

The following gentlemen, after satisfactory examination, received their Licenses:—Messrs. Ch. Augé, Th. Sauriol, Dufresne, J. Leblanc, M. Palardy, St. Germain, DeMontigny, Lafleur, Tramblay, L. Cyr, J. Stansfield, L. A. Weilbrenner.

The following young gentlemen, having passed their preliminary examination, were admitted to enter upon the study of Medicine:—Messrs. Lavallée, Leocault, Gludu, Gaviépy, Rousseau, Brousseau, Mathieu, Leclaire, Coursol, Demers, Desroche, Lenoir, Lémery, Viger, Delvechis,

Tanguay, Brassard, Chevalier, Barcels, Desjardins, Fraser, M'Millan, Douglas, Duchesnay, Lachance.

There being no other business, the Board adjourned.

HECTOR PELTIER, M.D., Edin.,
Secretary for the District of Montreal.

M'GILL COLLEGE—MEDICAL HONORS—1856.

At the usual convocation of the University, at the end of the past Session, the following gentlemen, having fulfilled the requirements of candidates, received the degree of Doctor of Medicine and Surgery. To their names and residences are added the subjects of their inaugural dissertations:—

William Justus Jones, Brockville, C. W., Uterine Hæmorrhage.
Joseph Alexander Hamel, Quebec, C. E., Tubercle of the Lungs.
Edward Laberge, Chateauguay, Apoplexy.
Joseph G. B. Dupuis, Montreal, C. E., Puerperal Convulsions.
Alexander H. Kollmyer, Montreal, C. E., Syphilitic Virus.
Walter James Henry, Montreal, C. E., Iritis.
Alexander Kirkpatrick, Chippawa, C. W., Hydrocele.
James C. Lee, M. D., London, C.W., Diseases of Females.
James McGregor Stevenson, London, C. W., Asiatic Cholera.

The gentleman last named passed his examination last year, but was too young to be graduated earlier. He has been spending the interval in Great Britain, and while away became a Licentiate of the Royal School of Surgeons, Edinburgh.

To three of the above, Prizes were awarded—

1st. Prize for Thesis, Mr. W. J. Henry.
2nd. Do do Mr. W. J. Jones.
Prize for Final Examination, Mr. C. Laberge.

It was also announced that the students undermentioned had passed their primary examination.

Mr. Duncan Thomas Robertson, Quebec, C. E.
Mr. Andrew A. Boylan, Montreal, C. E.
Mr. Etienne R. Riel, Ottawa City, C. E.
Mr. Charles Glen, Chambly, C. E.
Mr. John McMillan, London, C. W.
Mr, R. Whiteford, Three Rivers, C. E.
Mr. Levi R. Church, Aylmer, C. E.

Mr. L. R. Church having exhibited most proficiency in his answerings, to him was given the Prize for the best preliminary examination.

APPOINTMENTS AT MONTREAL GENERAL HOSPITAL.

Dr. J. Reddy, of this city, has been elected by the Governors of this Institution as attending Physician in the lieu of Dr. Arnoldi, whose office was vacated by his removal to Toronto. We congratulate the deserving Dr. on having received this honorable appointment, and hope he will not let his opportunities slip by unimproved. Mr. A. H. Kollmyer having retired from the apothecaryship, left a vacancy which has been judiciously given to Mr. L. R. Church.

THE LOUISVILLE REVIEW.

We have received the first number of this new periodical. It is a bi-monthly journal of practical Medicine and Surgery, and contains 144 pages. It is edited by Drs. Gross and Richardson ; the former of whom is favorably known to the profession by being the author of several excellent works. We have been much pleased with our perusal of the present work; the original articles generally—both communicated and editorial—are of a high order of merit, and in particular the retrospective review of Richter, which we think full of elaborate detail and critical acumen. The *Louisville Review* supplies the void left in medical literature by the suspension of the Western Journal of Medicine and Surgery, which was one of the most respectable journals issued in the South Western States. We have great pleasure in adding it, to our already extensive exchange list.

ANOTHER EXCHANGE.

The New Orleans Medical and Surgical Journal, edited by Bennet Dowler, M.D., &c. Bi-monthly. Pp. 145. $5 per annum.

This journal is one of the very best in the Union. Rich in first rate original articles and edited with an ability and vigor far above the ordinary range. We shall always anxiously look for its arrival.

BOOKS RECEIVED FOR REVIEW.

Curling on the Testis. Second American from the second and enlarged English edition. 1856. From Messrs. Blanchard & Lea, Philadelphia.

HOSPITAL REPORT.

MONTREAL DISPENSARY—ANNUAL REPORT.

FROM 1st MAY, 1855, TO 1st MAY, 1856.

Patients admitted, 364; discharged cured 223; relieved, 136; sent to Hospital, 3; died, 4; 25 were attended at their own residences.

AGES.—Under 2, 19; from 2 to 8, 42; from 8 to 20, 87; from 20 to 40, 98; from 40 to 60, 96; over 60, 22.

DISEASES AND ACCIDENTS.

Febris Com. Cont.	3	Dysenteria	3	Conjunctivitis	4
" Intermitt.	1	Dyspepsia	12	Hordeolum	1
" Remitt.	1	Emesis	2	Ophthalmia	1
" Typhoid	1	Gastralgia	2	Cophosis	1
Scarlatina Simp.	1	Gengivitis	2	Otitis	3
" Malig.	1	Helminthiasis	10	Otorrhœa	1
Variola Discret.	4	Hypochondriasis	2	Adenitis	2
Rheumatism	13	Tonsillitis	1	Abscessus	1
" Chr.	6	Tympanitis	1	Ambustio	1
Lumbago	5	Hæmorrhois Int.	1	Contusio	16
Pleurodynia	4	Prolapsus Ani	1	Fractura Clavic.	1
Cachexia	1	Uresis	1	" Manus	1
Chlorosis	2	Hydrops Renal.	1	Gelatio	1
Hæmorrhag.	1	Epilepsia	2	Hernia Inf.	1
Epistaxis	1	Hemiplegia	3	Hydrarthus	2
Debilitas	1	Hydroceph. Acut.	1	Inflam. Calc	2
Morbus Cordis,	3	Vertigo	1	" Cruris	2
Palpitatio	1	Melancholia	1	Injur Humeri	1
Asthma	1	Hemicrania	1	Morbus Coxæ	4
Bronchitis	9	Odontagia	2	Morsus Hominis	1
" Chron.	6	Sciatica	1	Labii Scrofulos.	1
" Senil.	3	Hysteria	1	Paronychia	1
Catarrhus	22	Alopoecia	1	Periostitis	4
" Chr.	1	Eczema	3	Phlegmon	1
" Tracheal	1	Ecthyma	1	Torsio	3
Influenza	2	Erysipelas	1	Tumor (Sper. Cord.)	2
Phthisis	23	Erythema	1	Ulcus	5
Pleuritis, subac.	1	Favus	1	Vulnus	6
Pneumonia	3	Herpes Lab.	1	Balanitis	3
Aphthæ	2	Intertrigo	1	Blenorrhagia	1
Cardialgia	2	Impetigo	1	Gonorrhœa	3
Cholera, Infant.	2	Lepra. Vulg.	2	Preputii Infl.	1
" Sporad.	2	Porrigo larv.	2	Syphilis Prim.	2
Colica Crapul.	1	" decav	1	" Consec.	4
" Picton	1	Psora	3	Amenorrhœa	6
Constipatio	17	Tinea Capit.	3	Leucorrhœa	1
Dentitio	3	Vaccinatio	1	Mastoitis	1
Diarrhoea	24	Cataract	1	Uteri Relaxat.	3
" Chron.	5				

DISEASES PROVING FATAL. Cholera Sporad, 1; Hydroceph Acut, 1; Phthisis Pulm, 1; Sarlatina Malig., 1.

ATTENDING PHYSICANS. January, April, July and October, Drs. BOYER and WRIGHT. February, May, August and November, Drs. JONES and PELTIER. March, June, September and Decembr, Drs. FENWICK and R. P. HOWARD.

MEDICAL NEWS.

It has been proposed to add tartar emetic to the phosphorous paste employed in making friction matches, in order, by inducing vomiting, to prevent the accidents which sometimes occur to children from eating them.—The probable lifetime in Sheffield and such towns is only 6 years, while in Surrey it is 52.—A drachm of aqua ammonia added to a gallon of syrup will frequently prevent its fermentation.—A Committee of the Academy of Sciences, New York, have reported that it is a matter of impossibility to pass a sponge probang through the rimaglottidis below the chordæ vocales; it failed to pass in 18 attempts.—"I can't bear children," said Mrs. Prim, disdainfully. Mrs. Partington, looking over her specs, mildly replied. "Perhaps if you could you would like them better."—M. Dagot saw a colt 11 days old which could be milked like a cow, but the flow was stronger when the little animal drew milk from the mother; fluid of the same kind then flowed in abundance from the colt's own breast each time the sucking aspiration was made.—The insect which is so well known as being the cause of scabies has been proved to have been derived from the lion, to which noble animal it is a natural parasite.—Jas. Roberts, Minister of Quarnford, attests this certificate of one Brian Heathcote, a Quack. "This is to certifoy That i have attended Josh. Ashmoor Sine the time of his misfortun And he is verrey promising according to The time the Bone is knit and growne verrey nisely and the arm Straight the Elbo is right in its propre place."—*Mortality of medical men.*—Three-fourths die before the age of 50, and 10-11ths before 60.—Dr. Thos. J. Boyd, the oldest practitioner in New York, died lately at the age of 84, having been 63 years in practice. He died in harness, as within a week of his death he was seen tottering on his way to visit a patient, supported by a dutiful daughter.—Wm. Fred. Chambers, M.D., R.C.H.F.R.S., formerly physician to St. George's Hospital to William IV, Adelaide, Victoria, &c., who led London from 1836 to 1848, died on the 16th December last, at the age of 70 years.—Dr. H. Clutterback died lately in London at the advanced age of 89, the oldest and most respected of her physicians.—Paul Dubois received 30,000 francs from the Emperor for his services during the late accouchment; his father Antoine received 100,000 from Louis' uncle when he attended Marie Louise when she gave birth to the King of Rome.—It is now proposed to cure by "medical inhalation," not only consumption, but even diseases of the heart, liver disease, and chronic diseases generally. The great curer is a New Yorker.—John C. Warren, the eminent Surgeon at Boston, died a few weeks ago. He was born in 1777 and had been practising over fifty years. An American editor concludes his notice by observing, "when John C. Warren died a great man fell in Israel."—A Mrs. Phin, of Birmingham, England, showered into the fond lap of her happy lord, on a late occasion, 5 children, 3 boys, born alive and doing well, and 2 girls, born dead.—The various Colleges, &c., in the States, have sent forth, at the end of this last session, 1239 Doctors, with full power, if not skill, to drug and carve humanity.—Alexis St. Martin still lives, he is 52 years of age, and he is to be in Boston on show. No one has peeped into his stomach since Beaumont until latterly a Dr. Bunting got hold of him. *En passant*, Dr. B. is said to be of Montreal; this must be wrong, we know of no such party.—What is mind? Dr. Hunt has given this answer,—for the benefit of those who can understand it. 'Mind is the traditional impress of force progression through brain matter.—A male giraffe has recently been born at the Zoological Gardens, Paris, this is the first birth of one of these animals in Europe; he is 76 feet high.—3 young lions were born in the Managerie in Howard St. in Boston, 2 have died since.—Fish, having four distinct and useful legs, according to the Rochester *Union*, abound in a rivulet near Fort Defiance, New Mexico.—Dr. Vierardt, the inventor of a pulse indicating instrument, shows that in man the frequency of the pulse is diminished by increase of temperature.—Dr. Moleschott, of Heidelberg, investigating the influence of light on the phenomena of respiration, finds that animals breathe 1-5th less frequently in the dark than in the light.——A new thermometric agent has been invented by a Russian philosopher, an adaptation of thermo-electric currents, by which the temperature of the deepest parts of the ocean may be measured.——M. Gerdy, Professor of Surgery at the Faculty of Paris, &c., has just died, at Paris, of pulmonary consumption. The deceased would never believe himself laboring under this fatal affection.——The Philadelphia *Medical and Surgical Journal* says, that 300,000 ounces of quinine are annually consumed in the United States. It sells at from $3 to $4 an ounce.——The Empress of the French was delivered with long forceps. Chloroform was administered in small quantity, but it caused such great excitement and delirium that it was discontinued.——Mons. Jobard thinks the pyramids were built as signal heights and points of observation to ships, boats, travellers and armies.

THE

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ORIGINAL COMMUNICATIONS.

ART. IV.—*Narrative of Cases.* By Dr. Stein, of Lachine.

Instead of sending detached articles on particular cases, as I at first contemplated doing, I will take the liberty of giving a few condensed cases in the sum, so as to form one article in the whole, thereby curtailing much writing, and abbreviating the space occupied in this journal, and rendering myself more brief, and perhaps, less disagreeable to the readers. These cases have occurred to me from time to time, and they have been recorded not so much on account of their novelty, as on account of many of them being examples of what have been pointed out as specimens of disease, by those who consider themselves authorities, and as illustrations of particular conditions connected with the cases themselves. At some future time I will send a few more which I have in my possession, illustrating the same positions; these have been put together in a hurry without any suitable sequence, which may be perhaps objectionable. The first is that of W. F., an engineer employed on the Lachine Canal, with stricture of the urethra. He had been ill for a long time with chronic disease of the urethra, arising from gonorrhœa; was dissipated in his habits; at last he became palsied in the lower extremities, at the same time that he had retention of urine. Under this he labored for a long time, but without my being able to say from any symptoms referable to the spinal marrow itself whether he had disease in that organ or not. He recovered, however, after some time of absence, during which I did not see him, but by the time he returned, three months after, he had got free of the palsy. This case, perhaps, forms an example of the kind of palsy, from suppression of urine, mentioned by Stanley in a paper written some sixteen or seventeen years ago, the only specimen of the kind I think I have ever met with. To place along side of this, I will give another case of palsy that occurred to me lately. I was asked to visit J. B. C.,

aged 46, who had been sometime under treatment for what was supposed to be chronic rheumatism; when I saw him I found he had lost altogether the power over his lower limbs, and on enquiring into his history, he informed me that he had not felt well in his legs for at least fifteen years, always complaining more or less of numbness and pain in them up to the period when in driving to Vaudreuil, on a very cold day last winter, he came out of his sleigh and ran briskly for some distance after it, to put himself in heat. When he returned home at night he found himself with utter loss of power over his extremities, and with great pain in the region of the sacrum. I treated him with little attention to his previous history, for what I considered at the time apoplexy of the cord, namely by venesection, mercurialization, and counter-irritation, after a while recommending him to take cod liver oil as a reparative, and to have a seton inserted in the skin of the sacrum. Under this treatment he gradually got better, and now he says he has not been so well these fifteen or sixteen years. Since reflecting on this case, I have induced myself to consider it occasioned by a small aneurism connected with the arteries of the sacral part of the cord, and in its aneurismal state giving rise to the symptoms of chronic rheumatism, of which he complained so long, but in its ruptured or apoplectic state giving rise to the complete palsy under which he suffered while under my care. He is now quite restored.

In reading over a case the other day in the *Medical Chronicle*, given by Dr. Sewell, of Ottawa, of an obscure injury about the shoulder, it brought to my recollection one of which I have the notes, that occurred to myself about seven years ago. A child who had received an injury from a fall on the shoulder, and which did not present any of the features of injuries most frequently observed in this situation was treated for a half breaking through or a splitting of the neck of the scapula, these splittings are to be found sometimes in the radius of children after accidents. I do not recollect of seeing any similar case recorded by authors as occurring to the scapula. A case of Inguinal Hernia occurred here some time since, and proved fatal, it was as follows: An Englishman from Vaudreuil, who had been in Montreal to market, and who had swelled testicle, in connection with cynanche parotidea, I think, which disease was very prevalent about this time in that city. When he arrived at this place he had a good deal of vomiting, but no tumor could be detected in the prior instance in the groin. He had had free passage from the bowels on the morning of this day. Next day I saw him, when I found considerable swelling of the cord, more like an engorgement of itself than any tumour descending along its course, and with a doughy, not at all elastic, feel; the bowels had become confined now, and the

vomiting still going on. I desired a consultation, when the surgeon whom I met gave it as his opinion that there was no rupture, but merely the irritation conveying itself from the tunica vaginalis up along the extension of itself on the cord, with some effusion in its cavity, giving a resemblance to hernia. The swelling about the lower inguinal aperture was now considerable, but not elastic. After administering some enemata and giving a grain of opium every hour during the night, he felt himself so much better, his bowels being partially relieved, that he was able to start in the morning to return home; but I have since heard that he did not recover. At the last I should have inferred from the not very well marked symptoms, that this was a case of omental hernia, complicated with orchitis. Is it supposed that enlargement of the testicle is a predisposing cause of descent of the contents of the abdomen on the same side, or are they often found together as complications? for I think myself that I have oftener than once found them coexisting; and I have more than once seen hernia occurring along with old established hydrocele. This was a case demanding an operation.

A very successful and satisfactory case of tracheotomy occurred to me, in a man of the name of Oswald, about four years ago, in Scotland. He had become asphyxiated in attempting to swallow a large piece of unchewed beef, a portion of this had been withdrawn by the fingers, while another portion was still lodged about the top of the larynx, and could neither be brought up nor pushed down. A remarkable and very satisfactory recovery took place from performing tracheotomy (unassisted.) The piece of meat that was lodged within, I should say the rima, on the first expiration after the operation, was blown up, and thenceforward the wound in the neck was never after required, and healed immediately, while the future breathing was carried on by the natural passage. As an example of the difficulty of sometimes at first sight diagnosing fracture of the cranium, I have the notes of a case. A boy was felled to the ground by the falling of a tree, and his scalp was so much flattened in two distinct places as to take on a strong resemblance to fracture, for which he was treated; but on recovering his senses and before the depressed bone was attempted to be elevated, the fracture began to be doubted, and by and by the head assumed its natural contour. Cases of a similar kind are recorded by Sir Ast. Cooper. Another case where difficulty of diagnosis existed for some time, and which led to some doubt, but in a different part of the body, and where I concluded that it was a case of disjunction of the epiphysis of the tibia occurred to me a few years ago, in the person of a Mrs. Taylor, who had received an injury in walking to her own house in the dark, consequent on tumbling over a stone. She had symptoms of disloca-

tion backwards of the tibia, but on more minute examination, there was greater mobility of the parts than in dislocation, with some crepitus, which led me to infer separation of the epiphysis. The treatment was successful.

Of the rapidity of the growth of Fungus Hæmatodes, I have an example in the case of a man of the name of Marshall, rather infirm, and, I think, born with some deformity of the opposite leg, which appeared to be much stunted in growth and stiff at the knee joint, and for which he was obliged to use a crutch. He had been attending a cattle market, and had got kicked by a horse on the thigh. A rapid enlargement was the consequence, so much so as to cause me to infer the existence of suppuration, for which an exploratory puncture was made, but none discovered. The diagnosis then became altered, and I inferred malignant fungus hæmatodes. The patient would not submit to amputation, and his death occurred, I think, within the month after the receipt of the injury.

About six years ago, I had under my care a man who had received a violent injury of the knee-joint, from being bruised or crushed. The joint had inflamed much, and effusion had taken place; by and by, symptoms of pericarditis ensued, for which he was treated successfully, and this was not preceded by the slightest indication of rheumatism. Cases of such injuries, and with such complications, have been recorded, and are said to induce the diseased state of the heart by metastasis.

I have an interesting case of the danger of removing patients suffering from violent injury, in the following, and it is a good example of the infringement of the rule that, in accidents of whatever description, the patient should not be moved, but should be allowed to remain at the seat of the accident till the surgeon see him, as many injuries are aggravated by motion: A man of the name of Baillie had fracture of the ribs, these being driven away from their junction with the vertebra by a large embankment falling down upon him. While he was being carried for many miles along the road he remained well and undisturbed, but on being removed from the board on which he was carried and taken into his own house, he expired. The ribs were so shaken by the change of position as to penetrate the lungs and press seriously upon them, and by this means immediate death ensued.

I have notes of a case of amputation proving successful when it was performed in opposition to the well-known surgical principle of not operating till a line of demarcation or separation has been formed in the gangrenous limbs. A man, who had been a carter, had gangrene of the right lower extremity. He was of middle age. The disease was continuing to spread, but the life of the patient became momentarily

threatened. Amputation was performed, although it was looked upon as a doubtful alternative. This man is now alive and enjoys robust health. In this case the model of a tourniquet (cut out in wood,) was employed for compressing the artery, which answered the purpose remarkably well. It consisted of a portion of a hoop, in diameter corresponding to the thickness of the thigh, attached to a neck and head containing the screw, which, being adjusted to the artery over a pad, when screwed down, gave most efficient pressure. The sizes of the hoops are various, from that corresponding to the thickness of a child's arm up to that of the fullest thigh, having four or five different diameters, and all being capable of being adapted to one neck and head; its superiority consists in its easy adjustment and in not compressing the veins. Some difficulty in diagnosis may arise, in the first instance, from such a case as the following: A man of the name of Roughead, fell down a long flight of stairs, and when discovered was insensible, with blood flowing out of one ear. It was supposed at first to be fracture of the base of the cranium. On calling next day, and finding his senses restored, he complained, on enquiry, of a feeling in the ear of a chirping of birds. He recovered, but remained ever afterwards deaf. This was probably a case of rupture of the tympanum.

As an example of epidemic influence lately, that is within a period of two years, I think we have had in this place so many cases of onychia at one time, and paronychia or an attempt at it in the form of pemphigus of the skin of the fingers, &c., at another, that we cannot help attributing them to this source; whether these latter cases have been accompanied by furuncle or no I have not exactly observed; but this disease was prevailing in numerous cases at the same time, and brought to my mind the late papers of Drs. MacCormack and Hunt on this subject, and a little before this time we had so many cases of violent pain in the kidney, stretching down the ureters with retraction of the testicles in the male, that in some of these I inferred the existence of calculus of the kidney, they were mostly accompanied by sore throat and occurred about the end of winter. There was a dense brick dust deposit in the urine, and a good deal of constitutional disorder. I did not examine the urine so as to inform myself of its composition, but the symptoms were much relieved by a teaspoonful of carb. of soda, occasionally with gin, &c., as a diuretic. Along with this I may mention that I have notes of a great many cases of traumatic erysipelas, and what has been improperly called idiopathic erysipelas; where in these last the disease is marked as invariably originating in the skin and not in the constitution in the so called idiopathic cases, there were always traces of cutaneous excoriation, where the erysipelas had its commencement, and my treatment invariably has

been the application of a strong solution of the nitrate of silver, though since being in this country I am rather in favor of tr. of iodine. While on the subject of epidemic diseases I will give an example of the difficulty of distinguishing cases allied to the cholera of this country, and even to pestilential cholera. I saw two, some years ago; the first, occasioned by lumbrici in the upper part of the duodenum, which excited such violent vomitting and purging, with cramps, &c., that all the symptoms of this disease were really simulated, and it was only after the expulsion of some of these lumbrici by the mouth that the disease abated. The other was a case putting on all the appearance of pestilential cholera, although this disease was not prevailing at the time, by the only apparent condition of things, namely, effluvia from a range of dung heaps in a very hot day. Another case that seemed very like pestilential cholera, occurred in this place in the spring of the summer following that on which the epidemic prevailed, and took place in the house of a person whose wife died of the disease the preceding summer, the only exciting causes in this case that could be traced were either some fomites in the house retaining the poison of the former epidemic, and communicating the disease to the boy at this time, or effluvia originating from a very damp cellar in a very hot day. As an example of how the disease may be communicated differently from its usual method, that is by the poison seeming to be conveyed in a particular direction, I have cases where it originated from being conveyed by a strong member of a family who had been living in the midst of his relatives, 30 miles distant, near Glasgow, and who all had the disease, to another portion of the same family residing in the village of Larbert, Stirlingshire. No cases had occurred at this village hitherto, and the epidemic did not shew itself here till many months after; at this time and on this occasion three delicate members of this family perished, namely, a mother and two sons, while the other son who was the bearer of the malady never became unwell. In bringing this contribution to a close, which consists of notes taken at random from my memoranda, of which I have a great many more that might be communicated, but I may take a run over these at some future time, afraid at present that I may exhaust the patience of the readers of this Journal, I will only give the following case of midwifery that occurred to me the other day. A woman of the name of Daw, aged 36, eighth child, whole pelvis a little contracted, was in labor when I arrived. On examination I found the os uteri dilating and head presenting. I did not make any examination after this, for a good many pains, but on the next occasion I found a round soft tumor about the size of a goose egg depending from the ostium vaginæ outwards, almost an inch and a half, which tumor could be shoved up but only to descend

again during a pain. Owing to the contraction of the brim, the labor was long in making way, and during the pains, the tumor, unless it had been well kept up, would have been always coming down. My treatment was during the pains to use a continued support with the fingers until by degrees the head descended when the fingers were withdrawn. The descent of the tumor, it may be mentioned, was not so great after some hardened fæces had been voided. This case seems one of prolapsus of the posterior wall of the vagina by the descent of a relaxed rectum, and might have proved troublesome had not the means been used in the first instance of keeping it *in situ*, and had not these proved successful, it might have obstructed labor much, by becoming, from the irritation, inflamed, or from the pressure of the head it might have burst. Cases like these seem to be rare, so much so that I do not recollect at present of any notice being taken of them in books on midwifery that I have read. Prolapsus of the anterior wall from the descent of the bladder is always mentioned by authors, and the peculiar treatment of such cases recommended, but so far as I have noticed few authors speak of prolapsus of the posterior wall, which would I think, if possible, be the most troublesome of the two in practice. In conclusion, I am sorry that these are not more interesting, but as they are only the notes of a few circumstances that I deemed notable, and that have occurred to me in my daily routine, I can only give what I am possessed of, and wish that they had been more edifying.

ART. V.—*Diseases peculiar to the Sandwich Islands.* By JOHN RAE M.D., Kaoli Hana, Mani, S. I.

In the accounts we have from the missionaries and others, of the other islands on the Pacific, severe and sometimes very malignant fevers, sweeping away great masses of population, are not unfrequently recorded. Among the traditions of the natives of these islands, such calamities have a place, and about the beginning of this century, it is well known, there was one that committed terrible devastation. It is a question, how near the resemblance between those and this one, and also between this and those still slighter attacks, which have been denominated influenza. I am inclined to think it probable, that they are all of one stamp, more or less deeply impressed.

After a visit to Lahana, I was myself attacked by the malady. I soon got over the first seizure, but afterwards it kept recurring continually for some months whenever there came a season of calm and rainy wea-

ther, in so much that I thought it prudent to abandon Wailukee, though I had previously enjoyed there almost perfect health. I attribute these attacks to predisposition, from having been so much of a sufferer under the Panama fever, and to the long stretch of *Kalo* patches that extend along the banks and borders of the little river for miles.

On the whole, the conclusion seems to me so probable that we may almost put it down as a certainty, that fevers more or less malignant, but of a common type, occasionally break out on some point on the leeward side of the islands, born of the mingling of mud, marsh and mountain effluvia accidentally allowed quiet cohabition unmolested by sea or land breezes, and, having thus got life, move from point to point with fatal activity. The traditions of the people agree with such a supposition.

This slight detail of the *notabilia* of disease here, is longer than I intended. I am, nevertheless, tempted to add two surgical cases, as rather remarkable instances of what our compound system of mind and body is capable of doing and enduring.

When I was in California we had an Indian war close by. Several murders, for it could not be called regular warfare, occurred on both sides, but there was one equal combat of two, which I shall describe. The leader of the organized volunteers a major, was considerably in advance of his party, mounted and armed with rifle and pistols, when an Indian started from the low bush before him,—the two advanced on each other, the white man discharging his firearms, but without effect from the jumping of his horse, which, however, also probably saved him from the arrows the Indian shot; they were now so close that Major —— was in the act of throwing himself from his horse, to finish the contest by grappling with his enemy, when the latter discharged his last arrow, barbless and featherless as it was, right into his breast. Still he persevered in his intention, and had managed to prostrate the savage when his companions came up to his aid, and knocked his foe on the head. They were about farther mangling the body, but this he would not permit, telling them that he was a brave man, who had done his duty and deserved honorable burial. While thus speaking, his men observed that he was weak, and that the end of the short arrow stuck out from his breast. On examination they found that it had gone right through a thick cloth over coat and vest, a cotton and a flannel shirt, and was wedged between the ribs. Major —— was able to converse, and give an account of matters, and did not die for six or seven hours, when on his way to the nearest mining station; when the body was opened, which I did not see, being absent at the time, the arrow was seen sticking in the heart. This on my return, in the course of a few hours, I inspected.

It was about the thickness of a slate pencil, blunt and only fifteen inches long; but the short bows the Indians use, with their backs strung with thick sinews, give to these reeds a very energetic impulse. It had fairly penetrated the left ventricle, and was pressing against one of the pillars.

The natives in these islands are very fond of being on horseback, and generally ride fearlessly and well. If one chances to fall all laugh, including the sufferer. When the king was here, two years since, he rode about with a numerous cortege, many of them young women and girls. These, I should tell you, ride as the male sex, but in an attire that is becoming and not immodest.

On the evening of one of those days, I was called to see a young girl who had met with an accident from a fall from her horse. I found her sitting on the ground in great pain; I had her conveyed to the house of one of her friends, and on getting a light, stripping and examining her, I was for a moment puzzled as to what had really befallen her. She was a very well formed and rather slender girl of about eighteen. I could distinctly see that the humerus was dislocated downward and forward, and the collar bone broken near its scapular extremity; but I could not conceive how both things should have happened at one time. However, I could not disbelieve my senses. It was evident to me that I must first reduce the dislocation. this was affected with considerable pain, but without difficulty. The operation over, I found that the parts of the broken clavicle nearly resumed their natural position. Knowing the antipathy of the natives to tight bandaging, I contented myself, therefore, with fixing a large compress in the arm pit, carefully slinging the arm in two silk handkerchiefs, and confining the elbow and forearm to the side by another passed round the body. The remaining pain subsided in a day or two, the bones were somewhat knit in a fortnight, and the little projecting knob formed at the junction altogether disappeared in a few months.

On subsequently inquiring more particularly as to the manner of the accident, I found that, in taking a leap, her horse had come down with her, giving her a bad fall. She then felt great pain in her shoulder, but with the aid of her companions she slung her arm in a silk handkerchief, and riding on as if nothing had happened to her over some rough ground, in taking another leap the horse again came down, and she fell with violence as before, she then gave up. The first fall must have dislocated the shoulder, the second broken the collar bone. It is not every delicate girl who would have held out so well.

The next morning breakfasting with the King and Prince Lot, and the conversation naturally turning on the accident, I was let into the feeling which had carried her through. They seemed to think little of the in-

jury she had sustained; but were evidently desirous of exculpating her from the disgrace of indifferent horsemanship, laying it all to the fault of the animal. This I could confirm, as I had ridden him myself, and knew that he had a weakness in the shoulder. Dread of the shame of being thought a bad horsewoman by these personages had subdued the feeling of pain.

The advantages of full and well rounded forms which the race possess in youth and middle age, are counterbalanced by the tendency of the skin, as life advances, to hang in loose elaphantine folds over the abdomen and lower limbs. Such folds are of early appearance about the knee and thigh.

I must not pass over unnoticed the astonishing facility of child-birth, which the breadth of pelvis in the sex, and probably their general robustness of person and habits of exercise, gives to the females. They do not think it necessary to call assistance. In an hour or two the matter is generally over; the mother has washed herself and infant in some pool, wrapped it in a piece of native cloth, and is busy with her domestic affairs. A planter in this Island tells the following story, which I have every reason to believe to be the exact truth: One day he said to the woman who did his cooking, that he had a wish to have at his dinner some of the potatoes growing in a distant field, and would like her to get a few. On entering his kitchen about the dinner hour, he found no preparations made, and no woman there. Contenting himself, in the meantime, with what came handiest, he went off to superintend his laborers. Returning from thence in an hour or two, and casting his eyes about his cooking place, he saw the woman busy with the dinner, and observed a bundle of native cloth in a corner. Suspecting what had happened, he exclaimed in the native tongue, "Ah! you have brought forth, have you?" "Yes," was the reply, "and there are two of them, that's why your dinner is so late." Accordingly, going to the corner, he found the twins, each bundled up in a bit of *tapu*. The mother had been suddenly overtaken when about her errand, and, having had more to do than usual, had been somewhat longer about it. She had, however, brought home with her, both her boys and her potatoes.

I was six weeks at Chagres, and about two months at Panama You know the prevailing diseases of these localities are fever and dysentery. What chiefly struck me as remarkable in these fevers, or calentures, as the natives call them, is the character—the geological characteristics—of the region in which they occur. The rocks are those which used to be called the grey rocké, series, now I believe the Silurean system, and consist chiefly of a hard conglomerate identical in appearance with

many ranges in the E. T. of Canada, and between these a great depth or rather breadth of indurated ferruginous clay, rising in well-wooded hills of some hundred feet high. In the intermediate valleys there are streams of the purest water. This, at first sight, seems therefore a region formed for health, and yet, if my recollection serves me right, it exactly agrees in character with the description given us of the localities where the jungle fever of India occurs. I thought it likely from the first, therefore, that the diseases were identical, and what I saw confirmed the impression. It is a remittent, of a specific and severe type. The most characteristic symptom is intense pain from temple to temple, just over the orbits, the eyes at the same time presenting an appearance, or assuming an aspect, not easily described, but readily recognised when once carefully regarded. They are brighter, fuller and more lustrous than natural, and more fixed also in their gaze, with some intolerance of light. There is great heat, quiet and hard pulse, slight biliary derangement, and slightly coated tongue. The few cases I had to do with I treated, as nearly as my recollection served me, as if they had been jungle fever; and if, from my slight experience, I might venture an opinion, I should say, that if taken in time and so treated, the fatality would not be so great. Bleeding, cold affusion, and, on a remission, large doses of quina with a little blue mass, and light saline purgatives, seemed to me to answer every purpose. Relapses, however, are exceedingly dangerous. I may give you one case. It was that of a lad of eighteen, waiter at a tavern. He had been two days under medical treatment, when the gentleman attending him having fallen sick, I was called in. Symptoms as I have described, and very severe, but with great intolerance of light and noise. He had had several doses of calomel which affected his bowels. It was about ten A.M., when I saw him. I stripped off his shirt, had his head and chest held over a tub, dashed over these two large jugs of water, sponged the rest of his body, dried him and covered him up. He felt much relieved, but still complained of his head. I put a wet towel on his forehead, which mitigated the remaining pain. His pulse was reduced, and in about half an hour a slight perspiration broke out. I gave him, probably, thirty grains quina; and in the afternoon when I again saw him, he felt quite well and wished to get up. I told him to do so on no account. When I saw him next day, however, he was up attending to his duties, and laughing at my warnings. The day after that he was down again, worse than at first, that is there was greater prostration, though the pain and fever were scarce so severe. I sponged him and put a wet towel on his forehead, and the pain abating, I gave him another dose of quina. In the afternoon he felt much better, but weak, and a slight

perspiration had broken out. In the evening I was alarmed at his appearance. The gentle perspiration had become a universal cold sweat. Hands and feet cold, features pinched, and I had to put my ears to his lips to catch his voice. He asked me if he was not going to die. I told him not at all, although I feared he was; and, scolding him well, in order to see and rouse him. I got some brandy and water and sat down by his bedside. I gave him teaspoonful after teaspoonful every ten minutes or so, watching its effects. In an hour or two he revived, had a little sleep, and before morning the danger was over. He had severe purging and tenesmus, I suspect from the calomel, for which I gave him anodyne injections, and treated him otherwise with slight doses of quina, and a mixture of the tinctures of rhubarb, calumbo root and gentian. In a few days he was convalescent.

The natives chiefly depend on bleeding; if this or other means do not succeed, the blood, which from the first I suspect is slightly disorganized, becomes thoroughly vitiated, and congestion taking place on some of the viscera, the patient soon sinks, the body swelling, the skin becoming discolored, and before or immediately after death, livid and black.

Dysentery answers to the descriptions of the disease of that name of tropical climates. I don't think I ever saw genuine scybalæ. It seems, rather, diarrhœa speedily assuming an inflammatory character. Among the transient population of the Isthmus, it is, I suspect, the result of imprudences in diet, especially fruits. The Spaniards have a proverb, "in the morning fruit is gold, in the forenoon silver, in the afternoon lead," and they act in accordance with it. It were well that others followed their example, but in the north we are accustomed with impunity to take fruit after a full meal, and throughout the evening, and Americans, and other northern men, just off the sea, sad attracted by the luscious fruits of the clime, partake of them largely at these seasons. The consequence is, that the stomach already overloaded with fleshy matters, which the system had difficulty to dispose of advantageously in such a climate, is overwhelmed with the additional mass. Languor and indigestion follow, and the crude matters and vitiated secretions consequently passed downwards excite a commotion very difficult to be allayed. Respectable Spaniards immediately on rising, which they do before the sun, take a small cup of tea or coffee, into which they put a teaspoonful or two of gin, or some cordial, and eat a biscuit. They then attend to their business, or sit under their passes and eat fruit. At this hour, the stomach readily digests it, and it then repairs the work of the previous day, and refreshes the system, At ten they take a light breakfast of made dishes, of which vegetables form a large portion, drink

a little claret and water, and a cup of coffee or chocolate. Dinner, at two or three, is a repetition of the breakfast, and this concludes the business of the table for the day. They are careful of exposing themselves to the heats of the day and the dews of the night. The lower classes are a worthless, dissipated set, and suffer proportionately. I rarely met with any of them who had not diseased spleen, a regular ague cake.

I embarked at Panama as surgeon in the ship *Brutus*, in the end of February, '49. We stood to the south of the line 7 ° or 9 °, and in consequence had a voyage protracted to two or three months, the greater part of it sweltering under a hot sun or streaming with warm rain. Our water was bad, our provisions indifferent. We had about 200 passengers, and a great deal of sickness, almost entirely of the two sorts I have mentioned. We lost three by dysentery. I thought we should have had no new cases of fever after being well out at sea, but it continued in one form or other to the end of the voyage. At first, it was the genuine Panama fever. I imagined, however, that the new cases would be much lighter, and, in consequence, did not use the lancet so freely. But I regretted this afterwards, as most of those who had not been bled showed, after a time, symptoms of some visceral obstruction, and I believe the convalescence would have been speedier and more firm had they been bled. None died. Gradually as we stood north and gained the latitude of 20 °, the air becoming every day colder, the thermometer at 60 ° or below it, they became intermittents, genuine agues, insomuch that most of the passengers being western men, and having provided themselves with a stock of quina, blue mass, &c., did not apply to me when taken, saying it was the exact ague they had had or seen in Illinois, &c., and they could doctor themselves. We had some new cases a few days only before reaching San Francisco. I think the fact rather remarkable. As connected with its rationale, what befell myself is perhaps worth telling you. I had had a slight attack of Panama fever before embarking, and from fatigue, &c., was weakly all the voyage. One day, when about 25 N, we had beans on the cabin table at dinner, from some cause or other all who partook of them had an attack of the diarrhœa that evening. I was of the number, and it was particularly severe on me—excessive purging and vomiting, and utter prostration of strength and energy. I was lying on a sort of sofa, and I observed the cabin passengers gathering round me. I had mixed some ether and laudanum with a little water in a cup, and was endeavoring every now and then to swallow a teaspoonful, it was with the utmost difficulty I could do so, and I could not retain what I did get down. Thinking over what could be the reason of so severe an attack, I recollected that my feet had got wet during the day and were still

damp. I told them to get me a pail of hot water, and I put one foot into it. At the instant, a shock, as if electricity, shot from the foot through the leg to the small of my back. My foot jerked itself out of the water, and I gave an outcry. I felt relieved, however, somewhat, so I put both feet in. The same sensation, but in a mitigated form recurred, giving me further ease, and presently I begun to shake. I shook very violently, more violently than I ever recollect, and I have had many an ague fit, which circumstance also deserves notice. I never imagined a fit of ague would be a pleasure to me, but all things are comparative, and I assure you the feeling was a very pleasant one. I seemed to be shaking death out of my bones, and recovering life every minute. The hot stage did not last over ten minutes, and was succeeded by profuse perspiration, and great thirst. By the kindness of a lady I was enabled to quench this with copious draughts of lemon syrup and water, a great luxury; and having had one or two liquid but adhesive natural stools (they had been watery before) I got good sleep, and in the morning was well, though still weaker. I took a little quina, and felt no more of ague, or whatever it was that had overtaken me. The passengers afterwards told me that when they gathered round me they thought from my extreme pallor, &c., that I was at the point of death.

The climate of the mountain ranges of California, the only part I am well acquainted with, has peculiarities that largely affect the human system. The heat is very great; I have seen it for several successive days from 110 to 120 ° in the shade. The air is extremely dry, so that under the heat I mention beef hung up in not too large pieces, and protected from the flies, does not taint; and, though the nights are comparatively cold, the thermometer falling to 70 ° or a little over, there is no trace of dew till late in the fall. In consequence I suppose of this, coupled it may be with the higher elevation, most incipient diseases of the lungs disappear. I have seen many who had been threatened with consumption in Eastern America completely recover themselves in these mountains. I may cite as an instance, Weimar, the man who found the first gold. By the bye, his wife had the piece at the time I was there, and told me where they got it, and could not resolve what it was; she boiled it in the strongest lye, which making no change, it was thought worth while for Weimar to carry it to San Francisco. It was something of a curiosity to look at the very particular spark that set the world a blazing with a flame that seems likely to go round it. Women told me that most of his brothers died of consumption in one of the western States, Alabama, I think, and that he himself had symptoms of it when he left, weighing then only 125 lb. 10 oz., although he is at least 5 feet 10 inches high, and was then 26 or 27 years old. This

had been 6 or 7 years before. He said as he progressed westward he felt gaining every day, when I was acquainted with him he was a remarkably strongly limbed man, so much so that I first noticed him in a crowd from this particular, and he then weighed over 190 lbs.; on looking particularly at him, however, you could see that his chest was somewhat contracted. Rheumatism is a complaint that generally vanishes. On the other hand fevers and dysentery were rife among the miners, and the mortality often very considerable. The great exposure to which men were liable, standing, for instance, in real cold water, with the thermometer over 100 ○; want of care and mismanagement account for very much of this. Of the fever I can say but little, my own debilitated state and other circumstances having prevented me from having had anything to do with it, in more than two or three cases. I had it myself, but my recollections of what I suffered and did, vanished day by day like a disagreeable dream. The occasional fatality of bowel complaints seemed to me to arise chiefly from the sudden and insidious manner in which they assumed an inflammatory character. The medicines which the miners administered to themselves often brought on the mischief; in the latter stages of the complaint strong astringents such as the bark of the California Oak of a certain species, combined with opium are often useful, even necessary. Many miners therefore would tell you that they had got every medicine under the sun from doctors, and nothing cured them until they took oakbark. Oak bark, therefore, burnt brandy, and similar stringent nostrums were cried up as specifics and very commonly they were so, the disease being simple diarrhœa. Other cases however they much aggravated. I thought on the whole a combination of Dovers Powder, acet. of lead, and calomel with occasional doses of castor oil, or rhubarb and magnesia, the safest practice, watching carefully for any quickening and hardening of the pulse, or the slightest tendencies or pressure along the region of the colon. In certain localities the disease became epidemic, perhaps contagious.

The climate of the Sandwich Islands is directly the reverse of California. Here the air is largely impregnated with moisture, and the temperature very uniform. I have resided on the windward side of Mani for nearly two years, the thermometer has ranged about 72 ○, and has only very seldom varied ten degrees from this point; once it was said to be 60 ○, and once I think 95 ○. On the leeward side the average is considerably higher. Of course the higher you ascend the temperature diminishes, and Hale-o-ra-lo (the house of the sun,) a mountain about 10,000 feet high, on which I am now looking, generally puts on a white nightcap a few times a year, which it commonly doffs at the ris-

ing of the sun, though it sometimes retains it for a day or two. The country is very mountainous, with deep valleys, and sometimes wide savannahs intervening. When there is sufficient water the rato (arum esculentum) is cultivated. It grows like rice being planted in mud and irrigated.

REVIEWS & BIBLIOGRAPHICAL NOTICES.

VI.—*The Pathology and Treatment of Stricture of the Urethra*, both in the male and female. Being the treatise for which the Jacksonian prize for the year 1852. was awarded by the College of Surgeons of England. By Henry Thompson, F.R.C.S., M. B. London, Surgeon to the St Marylebone Infirmary; Fellow of the Medical and Chirurgical and of the Pathological Societies. Formerly House Surgeon to the University College Hospital. London: J. Churchill. From the author, pp. 424.

Perhaps there is no subject in surgery about which more practical mistakes are committed than stricture of the male urethra. Too often, we believe, a patient has been said to have this disease when it has not really existed; and, on the contrary, it has been present in a *larvé* state, and has consequently been undetected. A practitioner is consulted for the relief of certain symptoms, as, "military gout," or gleet, or irritable urethra, or prostatic inflammation, &c., and he feels no hesitation, while looking round for a cause, to prefer stricture to any other which may occur to his mind. An instrument is passed, and, meeting with obstruction, is considered as affording proof of the expressed diagnosis. Perchance the exact distance where the impediment appeared is noted, and, upon comparison, ascertained to concur with the ordinary site of stricture. A smaller bougie is next tried; and, it may be, with unwearied patience and increasing toil, another and still a third, or yet further ones are inserted, and each endeavor is not more successful than the original. The graveness of the case rises in the opinion of the operator. If his reading on these matters be now remembered, inward counsel may suggest and guide his erring actions. He may recollect that, perhaps, the stricture is but temporary, and can be tired out by continued teazing; or, acting on the advice of an illustrious baronet, he will bear hard down upon the obstacle with a firm

and a heavy hand. Yet there is no yielding; blood escapes, not unlikely—pleno rivo—and the case is pronounced as decidedly bad. It were well if he be now deterred from further violence. One more rash deed, one more resolute determination, and to laceration will be added all the horrors of a false passage. And is it truly credible that plunges and thrusts such as these are actual fallacies? Can it be believed that strictures have been found where none were present? Any surgeon who has seen much in this line needs no assurance of the fact. He is painfully aware that instances like these we have sketched, are far from rare; and despite of the apparent improbability, they do betimes turn up. In this way is genuine stricture mistaken, while the very normalities of the urethra,—its crypts, or folds, or curves, or entries,—have been the innocent source of error. Let us now take the next mistake in point. In this instance the consultant is aware of the deceptiveness of the bougie; he either mistrusts the indications it imports, or doubts his own ability to use it as a diagnostician. Moreover, a consideration of the symptoms have impressed him with the belief that, whatever his patient may be suffering under, he is not vexed with stricture. Else why does the jet of urine continue so large and so round? could the stream preserve its integrity and remain unbroken? must not the flow at least be produced uncommonly often if stricture existed? And so he is misled by the accidence of an exceptional case, because, as he has not been prepared for its occurrence, its possibility never found a place in his philosophy. Symptoms are present and are not satisfactorily understood. Medicines are prescribed on a venture, and, it may be, diligently persevered in till the good-natured stomach is thoroughly nauseated, and, in self-protection, positively rebels against all further tampering. Should, in the change of doctors, which time usually effects, in unmanageable cases, one be found who hits upon the real cause of evil, a proper recourse to bougies may speedily restore health where it had long been a stranger; but should no such fortuitious event happen, then matters worsen, and the most deplorable results supervene. A sudden closure of the previous stricture produces retention; attempts are made to relieve the over-distended bladder by the catheter, but they are thwarted by an insurmountable obstacle. Incision by knife, or paracentesis by trochar is, as a *dernier resort*, practised, or perhaps the bladder is left alone till it breaks of itself, and in either extremity, urinary infiltration or some other equally fatal calamity will happen to peril life, and thus cut short a troublesome end. Yet here was a case which, rightly managed at first, admitted of easy cure. The cause was unknown, and being left in operation undisturbed, its effects ran on unalleviated. No doubt,

pathology would have revealed the existence of "a packthread stricture," a form for acquaintance with which we have to thank the late Abraham Colles, of Dublin. How necessary, then, is the study of stricture of the urethra,—let these two errors teach, standing as they do, as examples of faults of commission and of omission.

Thompson on stricture is particularly valuable for its information on the morbid anatomy of organic stricture; this has been obtained from an examination by the author of more than 300 preparations of stricture in the museums of Great Britain and Paris, "and of a number almost equal of preparations of the bladder, kidney, &c., which illustrate concomitant morbid conditions, as well as from the observation of recent specimens in the dead house." Of this kind of stricture the following varieties are described:—The simple or membranous including the diaphragmatic and annular or whip cord; the partial or lateral, disposed as crescents or otherwise; the bridle produced by adventitious membranes or by false passages, of the latter a probable instance is furnished in a preparation of the museum of St. Bartholomew's Hospital, in which there are 10 or 11 bridles; the rugous, from adhesion of the rugæ; cicatriced; and the longitudinally contracted, or irregularly contracted; these are all the forms of organic stricture. Occasionally a stricture depends upon "carnosities and caruncles," but these are separated from the foregoing. The elements of organic stricture are next described, and the generally received opinion, being assented, to is expressed in the phraseology of modern histology. In reference to the interstitial inflammatory exudation which is received as the proximate cause of the lesion, the author remarks "more or less of simple fibrillating lymph or of fibroplastic material are thrown out, meaning by the former term a fluid blastema in which fibres make their appearance, apparently, without any intervening cell production or agency, and by the latter an exudation in which nucleated corpuscules appear, which soon elongate, become fusiform and then fibrous," "this hardens, consolidates and strongly contracts with age, and has no tendency to undergo any spontaneous process of removal." In this manner the origin is explained of strictures which proceed as we may say *ab externo*, for the deposition of fibrillating lymph or fibroplastic material takes place within the meshes of the mucous membrane in the submucous tissue, and occasionally by extension, within the corpus spongiosum. But strictures may also be developed *ab interno*, in consequence chiefly of exudation of a croupy character, occurring on the free surface of the mucous membrane, and by a species of hypertrophy of the latter membrane, provoked by chronic inflammation, both of which are described by the author after Rokitansky.

In order to ascertain the precise locality of organic stricture, the au-

thor divided the urethra into three regions. 1. The subpubic curvature, this corresponded to the union of the spongy and membranous portions, and extended 1 inch forwards and ¾ of an inch backwards. 2. The centre of the spongy portion, beginning at the anterior limit of the former, it ended at 2½ inches from the meatus urinarius. 3. The external orifice extending forwards from the termination of the preceding. He then noted the class to which the strictures belonged; in region 1 were 257, or 67 per cent; in region 2 were 51 or 16 per cent; in 3 were 54 or 17 per cent. Of these there were 185 cases of one stricture only situated in region 1, 17 in region 2, 24 in region 3. There were 8 examples in which the urethra was strictured in all 3 regions; 10 in region 1 and 2 only; 10 in regions 1 and 3 only; 13 in regions 2 and 3 only. The author corroborates the experience of J. Hunter, who never saw a prostatic stricture. He observes, "there is not a single case of stricture in the prostatic portion of the urethra to be found in any one of the public museums of London, Edinburgh, or Paris. I am disposed to believe that some observers have been deceived in reference to it."

The various symptoms and complications of stricture are next treated of in a short chapter, and discussed as comprehensively as the limits will admit. From, however, these being somewhat confined some important topics are hardly amplified as much as might be desirable. Hæmaturia, for instance, appears to be thus abbreviated. Our attention has been especially arrested by this one, from having perused in a late number of the *Dublin Medical Press*, one of a series of lectures on strictures by the late J. Kirby, L.L.D., F.R.C.S., in which this symptom is very fully treated. This hæmorrhage may be either traumatic or idiopathic. The former kind is not always avoidable, and occurs after the most skilfully and delicately used instrument. Owing to the mucous lining having been resolved into a pulpy unresisting softness that readily yields to a moderate degree of pressure, all parts of the urethra are alike liable to it; the most dangerous locality is the bulb or its posterior part, because there the vessels are large, they are more retired in situation, they are much out of range of pressure, and what is worse, the blood will or may assuredly find its way into the bladder. Idiopathic hæmorrhage is very rare. Dr. Kirby only saw 2 cases in his extensive practice, and Frank only met with 8 cases out of 8000 treated. It usually proves fatal, is of chronic duration, and generally dependant upon or coexistent with disease of the kidneys.

The most interesting question at the present day, regarding stricture, is as to the real merits of the treatment by external incision. This plan is now generally called "Syme's method;" but why the credit of novelty should be assigned to this surgeon is not easily understood, and

is only a mark in those who so talk, of their own inacquaintance with the literature of the subject. The earliest record of the execution of this operation dates back 204 years, and the operator was one Edward Molins, a 'celebrated chirurgeon.' Since that remote period a great deal more was written and done in the matter than we have time to mention, but which our readers will find specified in the work of our author. It is but fair, however, to the Edinburgh Professor, to observe that he selected a different class of cases for the operation. Before his day, it was only performed as a last shift in impassable strictures, and in the most unsuitable cases, as those presenting visceral lesions, as disease of the kidneys, &c. Mr. Syme, on the contrary, reserved it for strictures that were permeable, and occurring in persons enjoying exemption from organic disease. Beside the more obvious advantages he thus obtained were still others—not the least of which was that the urethra was divided upon a grooved director passed through the stricture, instead of being dissected without any such guide; he was thus fully aware of where and into what he was cutting, instead of being doubtful whether his division had been carried through the narrow canal in the centre, or through the solid substance on one side; for, in impassable stricture the urethra is totally obliterated, and its exterior surrounded by cartilaginoid deposition. A stricture, however, such as this, is very infrequent. Cruveilhier relates but a single case. Sir Chas. Bell possessed one. Guy's Hospital Museum contains but two or three preparations. In contrasting the old and the modern cases of section, a greater amount of success is observed to have attended the latter, but at this we need feel no surprise after what we have just learned. But now comes the great matter of dispute: *Is a surgeon justified in dividing, by external incision, a stricture which is permeable and admits of dilatation?* The usual objections urged against the operation, we believe, are these: "1st. That it is unnecessary. 2d. That it is attended with little or no success; and, 3d. That it is difficult and dangerous."—(Wallace, *Glasgow Medical Journal*, April 1856.) Now let us examine these. Of the first it may be said: The operation is only had recourse to in inveterate cases—in the words of Mr. Syme,—where "the contracted canal is so extremely irritable that the introduction of an instrument aggravates instead of alleviating the symptoms, and exposes the patient to various dangers from the local and general disturbance thus excited." When, again, according to Mr. S. "the peculiarity consists in a contractile tendency so strong as quickly to counteract the effect of dilatation and thus render it useless." In addition, our author says: "When one or two old urinary fistulas, situated at or near the middle line, complicate a stricture not readily yielding to

dilatation, because they can be included in the incisions, and their healing is thus very effectually promoted;" and he adds still one more case, viz., when strictures "are due to traumatic causes." External incision is not, then, designed as a substitute for dilatation, caustics, or any other method, it is reserved for sets of cases which, without the aid it can afford, are incurable, and might prove fatal. In no case, we conceive, would the surgeon be justified in resorting to incision when recovery could be otherwise effected. And this deserves to be particularly insisted upon, for else the operation might be resorted to in order to spare a trial of patience and perseverance—a practice which, if followed, would be highly culpable and deserving of condign censure. So long as a stricture is dilatable to a medium size, and so long as it can be maintained at this capacity by the occasional—as the monthly or even weekly—introduction of a bougie, external incision, in our opinion, is not to be practised. Because, most bona fide strictures of some standing have a resiliency which tends to bring them back to the size they were before dilatation; this property is manifested with varying rapidity in different cases, depending greatly upon those periodical revolutions which go on so obscurely in the human system, and materially influenced by various exciting causes, as dyspepsia, intestinal disorder, &c.; the effect is often removable solely by relieving these injurious agencies, and not necessarily requiring the use of an instrument; and the recurrence of the symptoms does not seem to depend so much upon a relapse of the organic lesion, causing stricture, as upon the superaddition of irritation, causing spasmodic action in the muscular fibres of the urethra. If, therefore, in such cases, the operation were recommended, its use would become nearly universal in the treatment of stricture generally. And it is that this frequency may not be incurred we raise our objection. Lastly, we believe that there are many cases of contractile or elastic strictures which are not fit subjects for this operation. We think that all the causes which preclude lithotomy and lithotrity should equally contraindicate external incision; and the co-existence of many strictures should also negative the use of the knife. We have now under our care an old buck, who has a series of strictures; the first being situated about an inch from the meatus, then, after a brief interval of healthy ground, the second starts up, and so on till the last is sprung, which lies near the end of the membranous urethra; coupled, moreover with these cinctures is a respectable enlargement of the prostate gland. The aft strictures are decidedly elastic, as well as irritable, those more forward less so; but yet we cannot consider his case a fair one for operation, and have never found it in our heart to propose he should be cut. The second objection, viz: that external incision is not

successful, may be answered in the negative, by the work before us. The author notes 113 cases in which the operation was performed, of these only 4 were fatal, 1 unsuccessful, 4 doubtful, 22 more or less successful, 2 tolerably successful, 9 successful, and the remainder are 70, by Mr. Syme, of which it is said "a large proportion of the cases successful." This surely is a strong statistical appeal in favor of the operation. The gentleman last named has certainly had a greater number of happy issues than any other person. This may be ascribed to his having more carefully selected his cases, to a more dexterous mode of operation and greater attention in the after treatment. We only remember 3 cases in which external incision has been performed in the Montreal General Hospital, of these 1 was successful, 1 unsuccessful, and 1 fatal. The latter was a very unfavorable case, to test the real merit of the operation, as laceration of the urethra with urinary infiltration had occurred some hours anterior to the operation, and it was probable false passages had been forced open, as several and divers hands had tried to pass a catheter before incision was performed. The unsucessful was an instance of dense cartilaginoid deposit, enveloping the site of stricture, the object of the operation was not attained. The successful occurred last summer, and was performed by Prof. Sutherland, although apparently an unprepossessing case, yet its issue was remarkably satisfactory, and relapse, we believe, neither has occurred nor is anticipated. Third objection—the operation is difficult and dangerous; so far from being difficult it is remarkably facile, and may be accomplished in a shorter time than that required for reading its description. It is merely a simple, direct cut, in the mesian line, through the skin and each subjacent tissue betwixt it and the urethra; guided and defended by a staff or director in the canal. The danger is best seen in the facts adduced. Its nature is thus stated by the author:—"The cause of death was undoubtedly pyohæmia, it was not hæmorrhage, and, although, much has been said respecting this, I believe it has never been directly stated by any writer to have been so in a single instance." Pyohæmia is a condition which we have seen result from other methods of cure in stricture, and we have notes of one remarkable case, taken during our pupilage, in which death was thereby ushered in, the strictures were cured by dilatation, but the urethra became gangrenous, and the veins leading therefrom inflamed and formed the pus which "holds such enmity with the blood of man."

We cannot conclude without expressing the very high opinion we entertain of Thompson on stricture of the urethra, and the surety of the great pleasure our professional friends will derive from its careful study.

It is eminently entitled to the attention of every one engaged in surgery.

VII.—*Practical Remarks on the Treatment of Spermatorrhœa, and some forms of impotence.* By JOHN L. MILTON, Member of the Royal College of Surgeons of London. Third edition. Pp. 30. London: Samuel Highley, 32 Fleet Street. From the Author.

We are pleased to see surgeons of respectability directing their attention to spermatorrhœa, a disease which has unfortunately been too long considered the sole property of the quack. The evil which has been effected by the circulation of popular books for the information of "the afflicted," is incalculable. Young men, healthy, of good constitution and unquestionable virile power, have been made most miserable, haunted by a constant dread of impotency, merely from having perused some one of these works. Not uncommonly have they been driven, through shame and despair, to destroy themselves; dying the death of the suicide, rather than live a life burdened by a weight of bitter and gloomy reflections. Had such unfortunate persons, instead of seeking the assistance of those "vile harpies who prey on this class of victims," applied to the regular practitioner, their minds would have been set at rest, and they might have spent useful and happy lives.

Mr. Milton divides spermatorrhœa into—1, night discharges; 2, day and night discharges; and 3, imperfect secretion of semen. For the first, or nocturnal seminal emissions, his treatment is the same as that usually followed, viz., tonics, iron, gymnastics, pleasant society, &c. When ejections are painful and violent, his favorite dose is a teaspoonful of spirits of camphor in a little water. "In recent and sudden out. breaks of spermatorhœa, also, it is of importance to try the camphor, for in many cases it snaps the chain of morbid habits, it interrupts the recurrence of the emissions, and thus enables the organs to gain time by this respite." When all other treatment has failed, he recommends, contrary to Lallemand, the application of a blister. If blistering tissue be employed, there is not any danger of strangury ensuing.

The second form will frequently yield to the treatment recommended for the first form, if it be long enough continued. While Mr. Milton agrees with Curling and others, that Lallemand's plan of cauterizing the urethra is both a safe and a valuable remedy, he believes that too many surgeons look upon it as *the remedy*, while, in truth, it is not very often called for.

VIII.—*Remarks on vesico-vaginal fistula*, with an account of a new mode of suture, and seven successful operations. By N. Bozeman, M.D. From the author.

To American Surgeons we are indebted for the two best and most successful modes of operating in vesico-vagical fistula. The one recommended by Dr. Mario Sims of Boston is well known to our readers, and we now propose to lay before them the one proposed by Dr. Bozeman of Alabama. The essential parts of the apparatus consist of wire for the sutures, a metallic button or plate, and perforated shot to retain the latter in place. The wire should be made of pure silver, about the size usually marked 93, and properly annealed. A length of about eighteen inches should be allowed for each suture. The button possesses several peculiarities. It may be made of either lead or silver. The former, hammered out to the thickness of 1-16th of an inch, answers the purpose tolerably well. The latter can be made still thinner and does better on several accounts, it is lighter, less likely to yield under pressure, admits of a higher polish, and allows the wires to be drawn through the small holes without dragging.

The object of the button is to cover the fistulous opening after the introduction of the sutures, and its size and shape will therefore vary somewhat according to circumstances. The shape of those that I usually employ is oval but they may be circular, semi-circular, L or T shaped, to suit individual cases. The size will also necessarily vary, but it is seldom than one larger than the largest here represented, say 1 1-4 inches in length and 5-8ths of an inch in breadth, is required. But whatever the shape or size, it is a matter of great importance that the under surface should be slightly concave, and the edge turned up. Along the middle of the button are arranged perforations for the passage of the sutures, which should be sufficiently large to admit two thicknesses of the wire freely. The number of these openings will depend of course upon the number of the sutures, which are usually placed about 3-16ths of an inch apart.

The shot are No. 3 in size, and perforated for the passage of the wires.

Operation.—The edges of the fistule having been pared, the wire sutures are to be lodged in their respective places in the usual way, by attaching them to the ends of silk ligatures, previously carried by means of a needle through the septum from one side of the fistule to the other. But in connection with this step of the operation, there is some difference between Dr. Sims' procedure and my own. In the first place. I do not usually take so firm a hold of the tissues, the space between the entrance of the needle and the edge of the fistule rarely if ever exceeding half an inch, and it matters not whether the parts be indurated or not, the wire is not likely to cut out very soon. Secondly, it is not necessary to observe the same scrupulous care in entering and bringing out the sutures upon an exact line with each other; for, as will be hereafter under-

stood, each one is in its action entirely independent of the others. Thirdly, instead of being obliged always to place the sutures parallel with each other, I have it in my power, if the peculiar nature of the case indicate, to insert them in any direction, and am thus enabled to bring within the sphere of successful treatment a large class of cases, which, owing to the irregular shape of the fistule, and the scarcity of tissue not admitting of extensive paring, cannot be subjected to the clamp suture.

In regard to the needle for passing the ligature, there is great diversity of opinion. I am myself in the habit of using one that is short, straight, and spear-pointed, the length varying from a half to three-fourths of an inch.

The needle-holder or clasp consists simply of the ordinary steel clasp having a long substantial shaft and a flexible metallic canula for the purpose of approximating the branches of the clasp. The latter are furrowed in various directions for the purpose of holding the needle firmly, and allowing it to be placed at any angle that may be desired.

The introduction of the needle in reference to the structures to be penetrated, is justly considered a matter of no little importance. Indeed, I consider that too much care cannot be taken to avoid piercing the mucous coat of the bladder; and the needle, instead therefore of being carried through the septum should be brought out at the edge of the opening in the vesical sub-mucous areolar tissue.

As heretofore mentioned, the wire for each suture should be about eighteen inches in length, and the sutures should be placed usually not more than 3-16ths of an inch apart, although if the tissue be sufficiently abundant to admit of approximination without dragging, an interval of 1-4th of an inch may be left.

The next step in the operation is to draw the raw edges closely in contact, by bringing the opposite ends of each wire together. This may be readily accomplished with an instrument which I have invented for the purpose, and call the *suture adjuster*. It consists simply of a steel rod, fixed in an ordinary handle, its distal extremity flattened, perforated, and raised upon one side into a kind of knob. The opposite ends of each suture are to be passed through the aperture in the end of the adjuster from the convex toward the flat surface, and while the former are held firmly between the forefinger and thumb of the left hand, the latter is carefully slipped down upon the wires until it comes closely in contact with the tissues. In this way the edges of this fistule are gently forced together, and for the time being, the stiffness of the wire prevents their separation. Should it be found, however, that accurate coaptation does not take place, owing to the imperfect manner in which the edges have been pared, the sutures may be readily loosened, and the defect remedied without the necessity of withdrawing the wires.

A button of suitable shape and size having been previously provided, is now to be placed upon the wires, its concave surface corresponding to the vesico-vaginal septum, and carried down in contact with the septum. The wires being again held in the left hand, the button should be pressed gently against and adapted to the surface of the parts. This may be accomplished by an instrument which I call the *button adjuster*, consisting of a stiff iron rod, bent at a right angle within half an inch of its distal extremity, and inserted into an ordinary wooden handle.

The shot are to be now passed down over the approximated ends of each suture to the convex surface of the button, and here each one is to be successively grasped with a pair of strong forceps, and held against the suture, in order to bring the vaginal surface of the septum in close contact with the concave surface of the button, and insure close coaptation of the edges of the fistule. This having been satisfactorily accomplished, sufficient force is exerted upon the forceps to compress the shot, and thus prevent its slipping. The operation is then concluded by clipping off the wires close to the shot. The aparatus is allowed to remain on, generally, not more than ten days."

IX.—*The principles of Surgery.* By JAMES MILLER, F.R.S.E., F.R.C.S.E. Author of the practice of Surgery; surgeon in ordinary to the Queen for Scotland, Surgeon in ordinary to his Royal Highness Prince Albert for Scotland; Professor of Surgery in the University of Edinburgh; Consulting Surgeon to the Royal Infirmary, &c., &c., &c. Fourth American from the third and revised English edition. Illustrated by two hundred and forty engravings on wood. Pp. 696, 1856. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Professor Miller's work on the principles of Surgery is a favorite text book in the University of McGill College. The appearance of a fourth edition is sufficient evidence of its popularity in the United States. Indeed we know of few works on the subject of which it treats more thorough, more up to the present state of surgical science or more pleasent to read. To those of our readers who do not possess a copy we can fully recommend it, assured that it will be an important addition to their library.

X.—*An analytical compendiam of the various branches of medical science,* for the use and examination of students. By JOHN NEILL, M.D., Surgeon to Will's Hospital; demonstrator of anatomy in the University of Pennsylvania; lecturer on anatomy in the Philadelphia Medical Institute, fellow of the College of Physicians, &c. And FRANCIS GURNEY SMITH, M.D., lecturer on Physiology in the Philadelphia Association for Medical Instruction; Physician to the St. Joseph's Hospital, fellow of the College of Physicians, &c. Third edition, revised and improved. 1856. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Compends are no particular favorites with us. A student who de-

pends solely upon them for his professional knowledge is certain to be superficial. The ease, moreover, with which their contents can be mastered, render them particularly inviting to the indolent who generally rest satisfied with what they learn from their pages. The analytical compendium of Drs. Neill and Smith is one of the best of the class, and free from many of the objections that can be brought against others. The information as far as it goes is most trustworthy. Some of the divisions are ably treated. We would point, in particular, to the one on Physiology, which is really a very complete and admirable condensation of the subject.

XI.—*The practical hand-book of Medical Chemistry.* By JOHN E. BOWMAN, F.C.S., Professor of practical Chemistry in King's College, London. Second American from the third and revised London edition. With illustrations. Pp. 287. 1855. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Mr. Bowman, as a teacher of Practical Chemistry in a Medical School, long felt the great want of "a small manual containing instructions for the examination and analysis of urine, blood, and a few other of the more important animal products, both healthy and morbid, and comprising also directions for the detection of poisons in organic mixtures and in the tissues." He was, therefore, induced to publish the work before us, believing that it would be found useful not only to the medical student, but also to the practitioner, to whom the value and importance of the application of modern chemistry and microscopic analysis to his art, are becoming daily more and more apparent." In the third edition he has endeavored, "without materially adding to it, to embody all the recent discoveries in medical chemistry which have been announced up to the present time; and thus to keep pace with the rapid advance which is every year being made in this most important branch of medical science." The well known reputation of Mr. Bowman as a scientific man is sufficient guarantee for the completeness and reliableness of the processes and results stated. This hand-book should be in the possession of every student of medicine, and should, as well, lie on the office table of every practitioner.

CLINICAL LECTURE.

(*Medical Circular.*)

Pseudo-morphous Forms of stone in the Bladder: or, excessive irritability of the Urinary Apparatus. By EDWARD STANLEY, Esq., F.R.C.S, F.R.S., &c. Surgeon to St. Bartholomew's Hospital.

Gentlemen,—In the first place, to-day being the first day of the summer session, I will draw your attention to a class of cases of very considerable importance, bearing more or less on a set of diseases which you will do well to study in all their particular details. I now allude to cases of *simulated, or false stone in the bladder*, accompanied by intense irritability of that organ. You no doubt saw that boy that lately died in the hospital, worn out by this affection. Now these cases are not uncommon in practice. A boy is presented to you with all the usual signs of stone well marked, yet, no matter how strongly marked, no stone exists. The prominent symptom is excessive irritability of bladder, with pain on micturition; moreover, when you come to examine the urine there is mucus or blood; the urine is acid, sometimes excessively so, indeed so much so as to strike with litmus quite a bright red.* Drops of blood may pass after the urine; this is even attended by sudden stoppage of the stream of urine. Under such circumstances you are called to see the case; you sound the patient, yet you find no stone; you sound again and again, and yet with the result you are not satisfied. Now these are not imaginary cases, but rather cases frequently met with. I now show you the bladder of a boy, preserved in the museum. You see how excessively thickened its fibres have become. There was a case several years ago in the hospital, exactly similar to the case I shall read to you, which we had recently in the hospital. The general result of such cases, however, is (if not too long protracted) that they yield to treatment; I am not prepared to say what part each of the remedial means I would recommend may perform in the cure—castor-oil to clear out the bowels, warm bath, demulcent drinks, Dover's powder, farinaceous food, alkalies, or vegetable salts of the alkalies, *hydrarg. c. creta*, and the like, Now these cases, as I have said before, are met in private practice too; parents become alarmed; the boy is in constant pain; but be on your guard that there is not congenital phymosis; or another cause of the disease may be organic change, or other affections of the kidneys, to be detected by testing the urine. Now I will relate to you the heads of a case that occurred to Mr. Lawrence and myself not long ago. It was that of a child four or five years old, brought to us with all the symptoms of calculus in the bladder, but no calculus was present. I drew off the water, and sounded not less than three times in the intervals of several days. Each time I thought I felt something rough, but still the evidence was not sufficient. Mr. Lawrence, too, thought once he touched a stone,

* The more acid the urine is; the better are the chances of curing the case by ordinary treatment. It is only when the excessive irritability from sabulous, or other matters, leads the mucous membrane to throw out excessive *alkaline* mucus, that the case becomes complicated, an even the decomposition and deposit of triple phosphate is the result of acrid alkaline mucus re-acting on acid urine.

but the general preponderance of our impressions was—no stone; though the child suffered severely from all the symptoms of stone—terrible irritability and pain, even sometimes amounting to retention. In spite of all we could do, this child sunk, and we found on the post-mortem examination the bladder excessively hypertrophied, the mucous coat thickened, the fibres or fibrillated part thrown into prominent bands, and the kidneys very much diseased. You will say, perhaps, that the kidneys were the peccant organs here, but still we cannot be sure about that. Next, as to this peculiar sensation of stone conveyed to the sound. I believe, now, a thickened fibrillated bladder will give this sensation of "rub." But there is another way, you will say; there may have been in reality a very small stone, like a hemp seed, or larger. But cases are perpetually to be seen of this kind, children every week actually tied up for the operation of lithotomy, but no calculus discovered. Even by Cheselden himself, we are told of children cut for stone, but no stone found. This is all very interesting in a practical view. One point more I must mention. It is curious that such children, though cut, when no stone could possibly have been present, have yet completely got rid of those false or pseudo-symptoms of stone, by a new action being set up on certain nervous plexuses, perhaps about the neck of the bladder, having been divided.

Next to the case before us, a boy, who was several months in Darker's Ward, has just died, and as Mr. Callander has been so kind as to draw up the case, I will refer to the salient features in it. His age on the admission was ten years; he was repeatedly sounded, and though suffering from all the physical signs and symptoms of stone in the bladder, no stone could be detected; his urine occasionally stopped during micturition, and on passing an instrument, the rough, rubbing sensation of bladder was felt; the urine was found to be turbid on its being passed, and became more so on growing cold. He was treated very much according to the plan I have already indicated, but he went from bad to worse, and died exactly a month ago, after a stay of eleven months in hospital.

This constitutional form of treatment, however, is very often of great use, and should never be neglected. Mild opiates, hyoscyamus, alkalies, and vegetable salts, to preserve the urine neutral. I will now read you the post-mortem:—The general appearance of the body was natural, but on cutting down over the bladder it was found distended and bulging quite out of the pelvis. "The whole extent of the urinary apparatus," Mr Callander says, "is one mass of disease, cutical arrangement of the kidneys, calyces, ureters, bladder, and urethra; in fact, the ordinary mucous membrane of these parts is no longer recognisable, but we find in place of it a peculiar scrofulous deposit or destruction of mucous membrane, and sub-mucous tissue:" in the bladder especially, and all along the ureters up to the calyces. [Some admirable engravings and specimens were here shown to the class, representing the recent pathological preparations.] We have had, too, a case of lithotrity recently under consideration; it affords a good example of irritable urinary apparatus. When I show you, as I now do, the fragment of stone removed, and their angular sharp edges, and tell you their composition is triple phosphate, I

have told you enough to explain that this man has undergone six sittings; he has come to hospital, also, the third time to be operated on, and you will say, Would not lithotomy have been better? But I believe not, as under any operation there would be a tendency to these triple phosphates in this operation. I do not advise chloroform. The chief point I look to is the position of the patient; he should be so placed that the stones fall to the lower and posterior part of the bladder. The patient should be supported by pillows on a table, as you saw in Abernethy Ward. Four or six ounces of warm water are next, almost drop by drop, injected into the bladder, the urine having been previously withdrawn, so as to make sure of a certain quantity of fluid and no more. Chloroform, I think, contracts the bladder or the muscles of the abdomen, and ejects the water. I have one other remark, and it is this. Do not raise the handle of the lithotrite too much, or you press its other end on the neck of the bladder, and aggravate the pain. I believe I differ in this a little from the otherwise excellent directions of Sir B. Brodie on the subject, but I think the lower and back part of the bladder is the right position in which the stone should be seized, but not too much towards the wall of the bladder, which is already in a state of intense irritability.

THERAPEUTICAL RECORD.

Itch, 1.—Flowers of sulphur, 100 parts; quicklime, 200 parts; water, 1,000 parts. Boil, and when cold, decant the mixture into bottles and carefully seal. This is to be used by general friction after the body has been well washed with soap and water and immersed in a warm bath. This method has been long used in Belgium. It is cheap, simple and rapid.—*Gaz. Hebd.*

2.—Three drachms of chloride of sulphur; 3 ounces of sulphuret of carbon. Dissolve. Anoint. Remove in 36 hours by a bath, when the disease will be found completely eradicated.—*Union Med.*

Diarrhoea.—When accompanied by indigestion, and when obdurate, particularly in children. Pepsin, in doses of 3 grs. at the beginning of every meal, is entitled to much consideration as a remedy.—*Journal de Med. de Bord.*

Variola, Mercurial Collodion in.—This new compound is made from Hydr Bichl. grs. xxv. collodion ℥ iij. It is used topically as an ectrotic. Under its influence the pustules have been prevented from suppurating. It is much more advisable than simple collodion.—*Bull de Therap*

Aperient Solution.—Take of aloes, two and a half ounces; supercarb of soda, two ounces; water, two quarts; compound spirits of lavender, two fluid ounces. Mix and digest fourteen days, and decant for use. Dose, a fluid drachm to an ounce.—*Mettawen.*

Tape Worm.—Bruise three ounces of pumpkin seeds thoroughly in a

mortar; add cold water, and beat the seeds with it intimately, until, by expression and straining, they yield eight ounces of emulsion. Let the patient take the above quantity in the morning fasting, and follow it in two or three hours with a full cathartic dose of castor oil.—*Memphis Med. Recorder.*

Scarlatina.—Oil of turpentine, fifteen or twenty drops, with double the quantity of spirits of nitre. Dose for a child two years old. Is considered by Dr. Collings, of Indiana, as equal to quinine in ague. In ulceration of the throat, he also applies turpentine in combination with volatile liniment, externally.—*Northwest Med. Jour.*

Dysmenorrhœa.—In the membranous form, stramonium has been lately much recommended. Given as the extract, in doses of gr. 1-8 three times daily, beginning four days before the expected return of the attack. The quantity is increased to ½ a grain, or such as will produce a desired constitutional influence.—*Atlanta Med. Jour.*

Ophthalmia.—In an English ophthalmic hospital, counter-irritation to the eyelids by means of iodine, is held in high repute. To prevent the spreading of the iodine and obviate the danger of its reaching the inner portion of the eye, it is made into a paint according to the following: R. alcohol, ℥ij.; spt. of nitrous ether, ℥iv.; mastic, ℥ss. Iodinet in saturation.—*Memphis Med. Rec.*

Diphtheritis.—Bicarb soda, in doses of fifteen grains, in the treatmen, of pseudo membranous angina. The relief was prompt, and so decided as to be highly satisfactory. It is supposed to counteract the excess of plasticity in the blood.

Chilblains.—Lisfranc long ago recommended chloride of lime in all the stages; and the remedy is one deserving of notice in this troublesome disorder.

PERISCOPE.

Antidote to Strychnia.—A case of intentional poisoning, by taking six grains of strychnia, is related in the St Louis Medical Journal, in which the patient was very promptly relieved by two doses of chloroform, a small tea-spoonful each. Free emesis had, however, been previously produced by tickling the throat with a feather, which the reporter thinks could not have done much good, as the poison had already, and for a considerable length of time, produced its characteristic effects upon the nervous and muscular systems. The same journal contains a suggestion that chloroform is an antidote to lead poisoning, in still smaller doses; but should there be good reason to expect antidotal effects in either case, we might venture to make more sure of them by increasing the quantity given, particularly in urgent cases.

A Caution to Mothers.—The Journal of Insanity contains an article on the reciprocal influences of the cerebral and reproductive systems, giving several cases in which the milk of a nursing mother became so deteriorated and changed, under the influence of violent passion, as to prove poisonous to the infant, causing serious diseases, and in some instances sudden death. He quotes Carpenter, as saying that no secretion so evidently exhibits the influence of the depressing emotions as that of the mammæ; and Sir Astley Cooper, contending that tranquillity of mind is necessary to the abundant secretion of healthy milk; a fretful temper lessening the quantity, and making it thin, and serous, it disturbs the child's bowels, with griping and fever. "Fits of anger produce very irritating milk, followed by griping in the infant with green stools." Anxiety, grief, fear, and other mental emotions, almost invariably lessen the amount and deteriorate the quantity of the secretion; and it can scarcely be doubted that many of the cases of obstinate derangement of the digestive organs of infants, have their origin and continuance in these mental perturbations of the mother. The influence of strong mental emotions over the menstrual function, is equally well marked; as is also its influence in some cases over the fœtus, in the womb. The author of this article relates several cases of this kind, and one in which the mother bore a very beautiful child from the supposed influence of a painting of the Madonna, with the exquisite beauty of which she was quite enraptured during pregnancy, and which the child resembled. We have known a case equally striking, in which the impression was produced by a living subject, a young female of great beauty whom the mother admired with such intensity that her child, also a girl, bore a more than family resemblance to her, not only in form and features, but also in their mental constitution, habits of thought, bodily movement and idiosyncrasies.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

THE PALMER POISONING CASE.

Homicidal poisoning is, next to assassination in sleep, the most cowardly mode of destroying life that can be practised, and consequently the most dishonorable to human nature. It is also justly esteemed a crime of the deepest dye, and punished by the utmost severity of the law. Secret poisoning was largely in vogue among the ancient Romans, Livy records that 200 years before the Christian era, 150 ladies were convicted and punished for the offence; in the 17th century it was actually followed as an art in France and Italy, and under the presiding genius of a Toffiana and a De Brinvil attained an alarming height of perfection; in our day, thanks to scientific analysis, a rigid police and legislative decrees, the crime is not very prevalent. It still exists, how-

ever, and it is believed that in Great Britain about 20 cases occur annually,—they happen almost exclusively among the poor, and are perpetrated in order that the survivor may obtain a burial fee or some other pecuniary emolument, payable after the death of his relation; and in many cases the sole motive has been that an unlawful affection may be indulged, a wife or husband has thus been killed, in order that another may be married. Of all the instances recorded, however, one has recently been brought to light, which is unparalelled in the annals of this iniquity. The case, as far as we can learn, is as follows:—

Mr. Cooke, the winner of a plate at Shrewsbury races, on 13th November, 1855, left the course in company with several friends, and repaired to a convenient inn where he treated them freely to wines and brandy. He had previously been in good health, and although formerly disordered with syphilis, and debilitated by mercury, he had now so far recovered from them that he had only a slight soreness of the throat. Having drank deeply of the liquors he became sick, and was so ill after using the last named that he told a confidant he suspected Palmer had dosed it. Palmer was a surgeon, who had been much addicted to racing, and, although, as he said was "the best pal he ever had," yet the one was so implicated in the other's speculations, that by his death, the survivor would become richer and less embarrassed. On the 14th he had recovered, and afterwards the two were much together, travelled in company one day, and dined in common the day following. At this time they occupied opposite houses in the same street. On the 17th Cooke was handed coffee in the morning, by Palmer who had visited him, after partaking of which he vomited, he was subsequently given, in the same friendly way, broth which he also rejected, he was pressed to take more and upon complying he again grew ill: a chamber maid having tried it was similarly affected. From this forward, Palmer was constant in attendance, and most personal in affording supplies. The emesis was kept up during the whole day, recurring after every ingestion, except one, a glass of warm water, swallowed in the absence of his "best pal." This state of things continued over the next day. On the 19th after more coffee in the morning, vomiting was again repeated, Palmer then left Rugeley, the scene of the disaster, for London. In the interim the patient grew rapidly better, and his stomach retained whatever it received. At 9 p. m. Palmer returned, and immediately re-devoted himself to his victim; thenceforth a new and terrible scene followed. Two pills reputed to be morphine were administered, they made Cooke excessively ill, he screamed widely, rolled his eyes about, and beat the bed clothes, his head moved convulsively, and limbs straightened. To relieve these, two other pills were given, and a draught smelling like

opium; immediately vomiting ensued, and was succeeded by a refreshing slumber. One day more and the last:—Palmer bought 6 grains of strychnine and 3ij of prussic acid; the invalid free from spasms, and comparatively easy, till 11 at night, when he was dosed with 2 pills, vomiting occurred, but the medicine was not ejected. Palmer then left him, but being sent for at midnight, caused two pills of "ammonia," as he said, to be swallowed. This was the climax. In about an hour afterwards Cooke tossed about in frightful convulsions, his limbs became so rigid that he could not be raised though he implored them to do so as he felt suffocating. Every muscle was painfully contracted, the body bent like a bow, both hands tightly clenched, and the feet twisted; he was turned over on his left side, the action of the heart gradually ceased, and he was left a corpse.

At the autopsy no unusual appearance was seen in the stomach, and the organ was removed for chemical analysis. Cerebral vessels congested, but no extravasation, a few granules (Pacchionian ?) found on the membrane of the spinal marrow, but no satisfactory cause of pressure or irritation was seen. The throat and tongue bore evidence of former syphilis. The lungs were congested, and the air cells dilated. A few deposits (atheromatous?) were present in the aorta. But no further lesions were ascertained.

The suspicions of the step-father of the deceased were aroused, and a Coroner's inquest was held. This inquiry ended with the return of a verdict of wilful murder; a warrant of committal to gaol was issued, and Palmer was arrested.

To Drs. Taylor and Reese of London, was confided the analytical investigation. The body was exhumed and re-examined. Antimony was found in distinct traces both in the stomach and in the blood. The method pursued for its recovery having been Reinsch's, this discovery suggested that death had been caused by tartar emetic. But however much this accorded with the earlier part of the history, it did not agree with the latter end. And as then the symptoms with the progress of the case were those peculiar to toxication by strychnia. This poison was diligently sought for, but fruitlessly. Hydrocyanic acid, oxalic acid, morphia, veratria, nicotin, hemlock, arsenic and mercury were all searched after, but neither were they discovered.

The trial was delayed until the 14th May, the investigation extended over 12 days, the judge occupied nearly 2 days in summing up, the jury, after a withdrawal of an hour and a half, returned a verdict of guilty, and sentence of death was passed accordingly. By the *Asia* steamer news has just reached us that Palmer had been hanged.

The circumstantial evidence told greatly against the prisoner, as the following items show. Palmer had become a ruined man, in desperate necessity, with disgrace and punishment awaiting him, which could only be averted by money. Cooke had lots of money from his winnings on the turf. Palmer displayed great anxiety to arrange Cooke's monetary affairs, involving about £1020, and to obtain their management. His favorite study was a little book on poisons. He was known to have purchased about that time strychnia, prussic acid and Battley's solution. He asked a surgeon's assistant what dose of strychnia would kill a dog; whether it would be found in the stomach, and what would be the appearances. When the last were answered, he snapped his fingers and said "it's all right." After his death he was found searching the pocket of the deceased, looking under the pillow, bolster, &c. Cooke's betting book could not be found. Palmer exclaimed when he heard of the event, "he has left no relations." and that "he was responsible for £3,000 or £4,000, but this could not now be recovered." He procured a certificate from an old Dr., whom he had called in to see the case, that death was caused by apoplexy, and at the post-mortem, when no poison was found, he remarked to him, "they will not hang us yet." The evening of that day, he was seen for the first time in his life, drunk in the streets. He offered £10 to the post-boy, who carried the stomach to London, if he would upset the fly and break the jar. He bribed the postmaster and saw the letters that passed between Dr. Taylor and the Solicitors. He attemped to gain over the Coroner by a "fine pheasant and hare" dinner, and inclosed him a £5 note. In jail he resolutely refused food for several days, and was bent on self starvation, till frightened by the dread of the stomach pump when he readily, found his appetite.

Suspicions were also excited against him, by certain antecedent transactions. And it seemed as if Cooke had not been the first person he had murdered by poison. A gentleman, named Bladen, mysteriously died while in Palmer's house, to whom the latter owed £400. Bladen had a large sum of money on his person, and after his death £140 of it were found missing. His own brother Walter died extraordinarily. He had effected an insurance on his life; after making a heavy proposal of £82,000, of which more than half was rejected. This was unknown to his wife, and when Palmer endeavored to recover it, the offices refused to pay. He had caused a bottle of gin to be placed nightly at the bedside, while his brother was already intoxicated, and before the death of the latter, he had bought an ounce of Prussic acid. Still nearer, his wife's death was so suspicious, that her body was exhumed, and anti-

mony in considerable quantity found in it. He had insured her life for £13,000, and recovered the amount at her death. He reported her disease to have been cholera, but although she had had repeated vomitings, her bowels were costive throughout. From expressions she had used, it was surmised that she, from the deaths of four of her children, feared the safety of the only survivor. He proposed to insure the life of a Mr. Bate for a large sum, but was foiled, and Mr. B. still lives. And lastly, he was convicted of forgery. A bill of exchange for £2,000 bore his mother's acceptance; she denied the hand-writing, and he confessed it was that of his late wife.

In reference to the cause of death, a large number of medical witnesses were examined. Among those for the prosecution were Sir B. Brodie, Mr. Curling, Drs. Todd, Solly, Christison, Taylor and Reese; for the defence, Drs. Nunnelly, Herapath, Letheby, Rogers, Gay, Wrightman, and Mr. Partridge. The charge was, that death had been caused by strychnia, and this was attempted to be rebutted by the plea of tetanus. The history of the case is certainly in favor of the first. The only possible form of tetanus was the idiopathic. This, however, is by no means common; Mr. Curling of London, in 22 years' experience, had never seen an instance. Its symptoms are of a continued type, and it never attacks one day to leave the patient the next, and return the third, as in the above case. It is preceded by premonitory symptoms of 12 or 24 hours' duration; these are stiffness of neck, pain about ensiform cartilage, and such as were not experienced by Cooke. It never occurs suddenly, nor does it set in violently, contrasting therein strongly with the above illness which happened to one previously in health, set in immediately, after using medicine, and rapidly became extreme. Its symptoms are gravescent, from a latent cause, and not, as in this case, intermittent, and reproducible by substances intentionally swallowed. It is never ushered in nor accompanied by nausea, vomiting, flatulence, and marks of indigestion, as was the above case. It is constantly evidenced by certain characteristic symptoms, such as locking of the jaws, and a peculiar expression of the countenance, (painful smile), which were absent. It affects the muscles of the neck and trunk more than the extremities, but in the above case this order was reversed. It has never been known to have produced such violent contractions of the hands, nor twisting of the feet as did occur. It is not induced by irritation, drink, excitement and exposure to damp, which were the only exciting causes Cooke was subjected to. Nor is it favored by antecedent syphilis nor mercurialization, which were the only predisponents alleged to have left their influence on his system. Its duration is very much longer than that which did happen, acute cases end in five days, chronic in nineteen days

or longer, the shortest known to Sir Benjamin Brodie was twelve hours. And it is not countenanced by the relicts found in the spinal canal. As, therefore, the case was not one of tetanus, the only alternative left is, that it was one of poisoning by strychnia. Why, then, was not this substance detected? The previous vomiting had been caused by antimony, and traces of this were obvious. Why should there not have been equal demonstration of strychnine, had it been administered? The answer, perhaps, is not easy. It was said strychnine is indestructible, not affected by putrefaction, and discoverable by proper analysis. So it is. But in this case, according to Taylor, the original dose was small, and it had been absorbed from the stomach. It ought then to have been found in the blood or tissues. Here, however, the delicacy of the tests applies even more strongly than before; the diffusion was greater, and the amount in an individual portion very exiguous. The witness appealed to experiments on animals; he had poisoned four rabbits, in two where one grain and one and a half grains had been given, no poison was detected, in one where one grain a bitter taste was experienced, and in one which had taken two grains the color test was positive. In direct contradiction, Mr Nunneley replied, that he had experimented in fifteen cases, and had always found it in the stomach. And to do away with any objection, on the score of dilution, Mr. Herapath testified, that he had dissolved two grains in a gallon of water, or 1 part in 70,000 parts, and from 1-10th part of a drop of water had recognised the poison. Nevertheless, we believe the non-detection is intelligible. We cannot think Mr. Taylor exhibited any ignorance or awkwardness in his analysis; nor can we deny the extreme delicacy contended for in the defence. But we are of opinion that the portion experimented upon, contained a really less quantity, than that which limits the test, for the contents of the stomach were extravasated, the organ was opened at Rugeley, and then sent to London; a large portion was consumed in obtaining antimony, which mainly absorbed attention at the time of the analysis; and a great bulk of the residue was lost in searching for *seven* other poisons which had never been used; thus leaving, we believe, too small a remainder in which strychnia could be recognized.

Professor of Anatomy. McGill College.—The vacancy left by the resignation of Dr. Bruneau, has been filled by the appointment thereto of Dr. Scott. Dr. B. has for a long series of years discharged his duties in a distinguished manners having obtained a high name for the anatomical chair in McGill College, and always secured the undivided popu-

larity of his class. His successor enters upon his new duties under favourable auspices. And we are sure from a long acqnaintance with him, that neither the College nor Class will lose any of their former advantages by his selection. We sincerely congratulate our old friend on his well merited success.

American Medical Association.—At the Annual Meeting held at Detroit, Michigan, May, 1856, the following gentlemen from Canada West were admitted as visitors:—Dr. E. M. Hodder, F.R.C.S., Professor of Midwifery and diseases of children, Trinity College, Toronto. Dr. J. H. Richardson, M.R.C.S. Eng. Examiner in Anatomy, University of Toronto. Dr. Norman Bethune, M.R.C.S., Professor of Anatomy, Trinity College, Toronto. Dr. Worthy Haswell, M.R.C.S., Eng. Dr. A. R. Dewson, College of Physicians and Surgeons, New York, Provincial Licentiate. Dr. John Tarquand, Woodstock, C. W. From the New Jersey *Reporter* we learn that Dr. Dunn, of Michigan, moved that those gentlemen who had accepted the invitation should be admitted to the Convention and be furnished with seats on the platform during Session. In receiving them the President, Dr. Pilcher, said "he was happy to be the instrument of celebrating the nuptials by which we effect a scientific reunion of the members of the Anglo-Saxon race which have so long been separated by the political relation having their origin in the separation of the American colonies from the English colony."

Dr. Hodder, in behalf of his Canadian brethren, thanked the Association for the courtesy and kindness extended to them.

BOOKS RECEIVED FOR REVIEW.

From Messrs. Blanchard & Lea, Philadelphia:—Dunglison's Human Physiology. 2 vols. Eighth edition, 1856. Dunglison on New Remedies, seventh edition. 1856. Carpenter on the Microscope. 1851. Wilson's Dissector's Manual, third American edition. 1856.

From Messrs. Samuel S. & W. Wood, New York:—Chamber's on Digestion and its Derangements. 1856. Budd on Diseases of the Stomach. 1856. Foote's Practitioner's Pharmacopœia. 1855. Wright on Headaches. 1856. How to nurse sick children. 1855.

From Messrs. DeWitt and Davenport, New York:—Gardner on Sterility, 1856.

Bozeman's remarks on Vesico-Vaginal Fistule. From the author. Thirteenth Annual Report of the Managers of the State Lunatic Society of Utica.

HOSPITAL REPORT.

QUARTRRLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ending 28th April, 1856.

Patients remaining from last Quarter,.....	73	Died during Quarter.....	9
Admitted during Quarter,....	196	Now in Hospital,.....	63
		Discharged,.....	197
	296		269
IN-DOOR PATIENTS.		OUT-DOOR PATIENTS.	
Males.....	101	Males.....	506
Females.....	95	Females.....	465
	196		971

DISEASES AND ACCIDENTS.

Diseases, &c.	Admit.	Died.	Diseases, &c.	Admit.	Died.
Abscessus	2	1	Influenza	3	
Ambustio	3		Iritis	2	
Anchylosis	2		Laryngitis	2	
Bronchitis	20	1	Lepra	1	
Caries	3		Luxatio	1	
Catarrh	5		Mania	2	
Cephalalgia	1		Morbus Coxæ	2	
Cirrhosis	2		Obstipatio	1	
Colica	1		Ophthalmia Tarsi	3	
Conjunctivitis	1		Otitis	1	
Contusio	3		Paraplegia	1	
Corneitis	3		Paronychia	2	
Delirium Tremens	4	1	Parotitis	2	
Diarrhœa	1		Pericarditis	1	1
Dysenteria	1		Periostitis	2	
Dyspepsia	1		Phthisis	4	2
Endocarditis	1		Pleuritis	1	
Epilepsia	3		Pneumonia	9	1
Erysipelas	1		Rheumatismus	14	
Febris Com. Cont.	23		Reubeola	1	
" Intermit.	1		Scarlatina	2	
" Typhoid	2		Sciatica	2	
" Typhus	5		Scirrhus	2	
Fistula in ano	1		Stomatitis	1	
Fractura	3		Synovitis	1	
Furunculus	3		Syphilis	2	
Gelatio	4	1	Tumor Cerebri	1	
Gonorrhœa	1		" Ovarii	1	
Hœmoptysis	2		" Palpebræ	1	
Hydrocele	1		Ulcus	14	
Icterus	1		Varicella	1	
Incontinentia	1		Variola	4	
Inebritas	1		Vulnus	2	

OPERATIONS, &C., DURING THE QUARTER.

Fractures.—Of thigh, simple, 1; compound, 1. Of arm, 2. Fractures treated among out-door patients, 3—Total, 7.

Amputation of great toe, 2; removal of epithelial cancer, 1; tumors excised, 2—Total, 5.

Minor Operations.—Cupping, 23; venesectio, 18; teeth extracted, 134; abscesses opened, and other incisions, 43—Total, 218.

Attending Physicians, Drs. Scott and Howard.

ROBERT CRAIK,
House Physician and Surgeon.

MEDICAL NEWS.

In 1855, 246 persons were killed and 453 persons were injured on railways; 28 killed and 331 injured were passengers; 125 killed and 92 injured were servants of railway Companies or persons employed under contractors on the railways; and 93 killed and 21 injured were neither passengers nor servants. Of the passengers 10 were killed and 311 injured from causes beyond their own control; and 18 were killed and 20 injured from want of caution on their own part.——M. Vidal (de Cassis) author of Traité des Maladies Vénériennes, Traité de Pathologie externe, died at Paris on the 6th April, aged 53. ——George James Guthrie, M.D., formerly President of the Council of Royal College, Surgeon, London, where he also held the office of Professor of Anatomy and Physiology; also author of well known works on Surgery, died on 1st May at the age of 71.——In London, in the week ending May 3, 10,488 deaths were registered. The number was almost the same as that of the preceding week.——During the last year King's College Hospital, London, has treated 12,333 in-door patients and 23,114 out patients. The entire expense of the new Hospital computed to be about £50,000.——An old Doctor whose sands of life have nearly ran out advertises, a cure for consumption at *one shilling* only and postage paid. It having been suggested to a lady she said "too cheap, too cheap; that man must be a humbug!"——During the year 1855 there were 86 works published or republished in the United States on Medicine and Surgery.——Recently died in London Mr. Battley, the eminent Pharmaceutist, at an advanced age. He was extensively known as the proprietor of Battley's solution.——Professor Gross has been appointed to the professorship of Surgery in the Jefferson Medical College, so long and so ably occupied by Dr. Mutter. As a teacher the latter gentleman had few equals, and his resignation was caused by failing health, he has been made Emeritus Professor of Surgery.——Dr. Mutter presents the College of Physicians of Philadelphia with his valuable collection of calculi, bones, wet preparations, casts, drawings, &c; it is also his intention to endow the College with a sum of $30,000, part of the interest of which will be devoted to maintaining the Museum in good order and adding to it yearly new preparations.——Hahnemann's daughter, who assisted her father in Paris, solemnly declared that all the patients received only sugar plums, made of milk and sugar.——The corner stone of a magnificent hospital for the reception of the sick and wounded soldiers of the army to be called the Royal Victoria Hospital, was laid by Queen Victoria on the 19th ultimo, 6 miles from Southampton.—— During a late epidemic of Puerperal Fever in the French Capital, several ladies, *enceinte*, expressed themselves with great confidence as to their exemption; because their Drs., who were homœopaths, had given them globules which they were assured would protract gestation till the epidemic was over!——The Burlington (Iowa) *State Gazette* says, that at corner of Maine and Valley streets some excavators came upon an arched vault about 10 feet square which contained 8 human skeletons, which were a little over 8 feet long; being the largest human remains ever found.——*Punch* hopes the medical men engaged under the "Compulsory Vaccination Act" will call at convenient hours; for it would be extremely unpleasant while one was at dinner for the servant to drop in and say, "If you please Sir, the Doctor has called and hopes you will come and be vaccinated immediately, for he hain't a minute to spare, and can't wait."

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. VI.—*Congenital Hydrocephalus, (with remarks)* By Wm. Hales Hingston, M.D., L.R.C.S.E., &c.

Hydrocephalus, like accumulations of water in any other part or organ, is a disease of debility, proceeding from a relaxed condition of the secernents of a part; from inactivity of its absorbents, or, as more frequently happens, from both; the *cause* of the disease being rarely manifest.

Accumulations of fluid are met with in various parts within the cranium: "inter integumenta ipsa externa; inter haec et cranium; inter cranium et cerebri membranas; inter membranas ipsas; harumque duplicaturas; inter has et cerebrum; inter cerebri plicas; in cavitatibus ipsis."* The fluid, once secreted in any part, spreads with little resistance to another. If the disease occur in infancy, (and infants are most generally the subjects of it,) the bones of the cranium, not yet united by their bony sutures, yield to the internal pressure. Somewhat later in childhood, and while the *fontanelles* are yet unclosed, they, by a preternatural fulness,† or bulging outwards, warn us of the mischief going on within the skull.

Hydrocephalus is occasionally congenital, sometimes rendering the head so large, as greatly to impede, and add to the danger of, delivery.

The appearances, which these congenital malformations present, are not uniform. In the majority of cases, the whole head enlarges gradually; but, in not a few, we may observe protrusion of one side only; while in a still smaller number, an egg or pear shaped tumour is visible beneath a *fontanelle* or an attenuated parietal or other cranial bone.

"The mode of origin or pathogenesis of congenital hydrocephalus differs most probably in no essential particular from that of the chronic

*Van Swieten, "*Commentaria.*".

† I speak *generally*, and not in ignorance of the fact, that in some cases of hydrocephalus, the fontanelles are depressed.

hydrocephalus which commences in the extra uterine periods of life. . . . . The general arrangement of the skull of the fœtus, and the manner in which the cerebrum itself is developed, are both highly favourable to an excessive accumulation of serum. And I believe that the really essential part of congenital hydrocephalus, that which arrests the developement of the brain, is the affection of the ependyma; that in proportion to the degree to which the hydrocephalus has advanced, and according to the period of fœtal life at which it commenced, it does, in various manners and to different extent, arrest the developement of the brain, and occasion monstrosity of it; and so far contains the ground of its alliance with hemicephalus, hydrencephalocele, singleness of the cerebrum (cyclopia) &c."†

The substance of the brain in this affection, resembles the *ramollissement* of French pathologists. Sometimes the whole organ, sometimes the portion in immediate contact with the water undergo softening.

So much then, for general remarks, by way of a preface to a case which came under my observation some time ago.

Mrs. W., a stout healthy woman, *æt* 30, sent for me on the morning of the 4th Sept. last. I was told that she was suffering from violent labor pains, which threatened abortion,—that a midwife had been in attendance during the whole night, but that no progress had been made. I found the woman on my arrival on her back, with knees in a flexed position, countenance expressive of great suffering, eyes suffused and red, skin hot, pulse 115, hard and wiry.

The midwife* was on her knees in the patient's bed, both hands beneath the counterpane, lips compressed, tugging away during a "pain (?)" most energetically, and perspiring as copiously as if the fee would be regulated by the visible amount of cutaneous exhalation. On making a vaginal examination, I found the *labiæ*, from the unwarrantable handling they had received, very much tumified, hot, and painful; the *os uteri* not dilated, but tilted forwards behind—I might almost say, *above* the symphisis of the pubis—so high, indeed, that with difficulty could the tip of the finger be brought near its edge. A large tumour—tender on pressure---occupied the hypogastric region. Recognising this as a distended bladder, I introduced the catheter, and drew off fully two quarts of dark offensive urine, with sudden and complete relief. The rectum, also in a loaded state, was emptied by castor oil. During the three following days the catheter required to be used twice daily, and at the

* Rokitanksy's Patnological Anatomy, Vol. III, p. 276, Amer. ed.

†I think it but justice to state that the self-styled midwife is an unqualified and unlicensed woman.

end of that period the retroversion was reduced, and the uterus ascended to the superior strait.

I saw nothing more of my patient until two o'clock on the morning of the 13th March. She was then in labour; the *liquor amnii* had escaped the day before. The pains were severe, and at short intervals. On examination, the breech of the child was found to be presenting. During a remission of pain, the feet were brought down, and the body soon followed, but the chin, by a violent pain, was forced against and rested upon the symphisis, and any attempt at altering its position immediately induced violent pains. Having succeeded, eventually, in placing the head in a more favorable position, every attempt at extraction was made for upwards of two hours, but without avail. At length I resolved upon diminishing the bulk of the child's head—a resolution which cost me but little pain, as the pulsation in the funis had ceased upwards of an hour and a half before. At this stage of the proceedings, I was joined by the professor of midwifery, McGill University Dr. Hall, who fully coincided with me in the opinion that craniotomy, afforded the best possible chance of safety to the mother.

The patient, therefore, having been placed upon her left side, the body of the child was drawn towards the back of the mother by Dr. Hall, (who had already very dexterously placed the head in the "1st position," of Naegele, and who, with myself, had fruitlessly endeavored, by depressing the chin, to accomplish delivery in that way,) forming an obtuse angle at the neck. Introducing my left index finger, I passed it upwards as far as the obstructed nature of the passage would admit, and, guided by it, introduced the perforator, entering the neck at a point corresponding with the sixth cervical vertebra. Partly by a cutting, partly by a sawing motion, the instrument soon reached the cranial cavity, when, on opening it, a gush of fluid escaped from between the handles; the bones of the skull then collapsed, and the whole slipped easily away. The patient, although in a highly excited state from the consciousness of having such a formidable instrument within her, admitted, during the operation, and afterwards, that she experienced no pain whatever.

On observing the child, we were struck with the enormous size of its head, which, on measurement, was found to be as follows:*

From occipital protuberance over vertex to nasal spine, . .	22¾ inches.
Greatest circumference of head	29½ "
Altitude	6 "

* It must be borne in mind that these measurements are proximately, not absolutely, correct. The bones of the skull were, as nearly as possible, filled out to their previous

There was exaggerated strabismus of both eyes; the body was well formed, and of the usual size of a male † child at that period. All the fingers and toes of the body were permanently flexed, and talipes varus of both feet completed the deformity of this truly ugly little specimen of mortality.

The accompanying wood-cut, from a sketch by my very excellent friend, Dr. Angus MacDonnell, will convey a better idea of the appearance of the little gentleman.

On opening the skull from above, the membranes were found to be thickened, and of a deep red color. The pia mater, firmly glued to the arachnoid, was dotted here and there with a pale cretaceous substance, intimately united with it. About a half pint of serous fluid still floated over the cerebral surface of the base of the skull; a film of cerebral matter, about one line in thickness, thickly studded with tubercular matter lined the membranes, except at the superior surface, where it became gradually thinner, and was ultimately lost; so that the fluid must, some weeks prior to birth, have escaped from its cerebral covering, and been converted into a hydrencephalocele. The small mass of matter repre-

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dimensions, but the absence of the contained fluid rendered precision impossible. Moreover, the forcible traction employed, previous to resorting to craniotomy, must have interfered with the shape, perhaps, increased the size of the skull.

† Dr. Georget, in the "London Medical Repository," Vol. 14, observes: Monstrous, diseased, or mal-formed fœtuses, are generally of the *female* sex. "Is it," he enquires, "that this sex possesses less energy of organization than the male? or that the generative power is longer and more perfect, in the latter than the former?"

senting the brain, and resembling softened cortical substance, bore no resemblance, except in color, to what it should have been; no convolutions or irregularities were visible on its surface. The *optic nerves hung loosely in the cavity*, but no trace of others could be detected. The upper part of the spinal cord seemed to have undergone absorption, for no part of it could be detected from that point of view, and friends seemed indisposed to permit an examination from behind.

To a few points of interest in the above case, I would wish, briefly to draw attention, in the order in which they have been related, and—

1stly. *Retroversion.* Retroversion of the uterus, in the early months of pregnancy, is the result, generally, of some mechanical force applied to that organ. We may readily understand how easily a preternaturally distended bladder may tilt over the fundus, and leave it in the hollow, or resting on the promontory, of the sacrum. In this case the uterus was in a position nearly the reverse of natural; the fundus pressing against the rectum, the os behind the symphysis and against the neck of the bladder—preventing, in this way, the action of these two emunctories.

2ndly. *Retention of Urine.* At first the cause, afterwards the result of the displacement of the uterus. In this case, so little inconvenience was felt from the distension of the bladder, that the patient thought I was directing too much attention to it, and was not a little surprised at the relief which followed its evacuation. The pains, moreover, were of a character to mislead; they were strong, "bearing down pains," which the patient aided, by forcibly pulling at a bandage tied to the bed-post, for the expulsion of the fœtus, as she thought—a condition, which, if not speedily relieved, would have occasioned rupture of the bladder.

3rdly. *Breech presentation.* In Denman's midwifery we read the following:—"It is some comfort to women to be informed, and I believe the observation is almost universally true, that affections of this kind (dysuria) are never produced, except in those cases in which the presentation of the child is natural." If Denman's observation be correct, this case must be considered a rare, if not an unique exception; although I can really perceive no reason why exceptions should not be of frequent occurrence.

4thly. *Craniotomy.* Craniotomy in head presentations, is, by obstetricians, considered to be one of the easiest operations which could, for the extraction of the fœtus, be performed. Facility, however, vanishes in presentations of the breech and feet. The head, if large, or even if of average size, with contracted pelvis, lies so high in the "brim," that the obstetrician's finger cannot always afford a safe guide to the point of the instrument. In the case under consideration, the whole head, with the

exception of the depressed chin, was entirely above the pectineal line. Had the bones of the skull been lined by the ordinary brain matter, collapse might not have followed perforation, and labor might have required to be terminated in some other way ; but, notwithstanding this apparent objection, it appears to me reasonable to attempt evacuation of the head through the passage formed in the long axis of the neck, rather than to thrust an instrument unprotected into the cranium, probably, but possibly between the wall of the vagina and uterus, or into the uterus itself. The additional injury to the child would be of small moment, as the operation would not be undertaken until long after the child had ceased to exist.

"Doctors differ" with regard to the period which should elapse before having recourse to craniotomy in hydrocephalic cases. Dr. Ramsbotham is of opinion that it is especially dangerous to allow a hydrocephalic head to remain for any considerable time locked in the pelvic cavity ; because from its compressibility and the open state of the fontanelles, it so completely adapts itself to the shape, and moulds itself into the irregularities of the cavity, as to occasion strong, uninterrupted, and almost universal pressure, upon the lining structures, to their imminent and certain hazard,* while the fluidity of its contents adds on physical principles to the danger of these effects. "We know of one case of this kind, in which a hydrocephalic head produced fatal laceration of the cervix uteri. In another case, where the child presented footling, the spine of the neck and part of the soft tissues, covering it, gave way under the traction employed, and the dropsical head was thus emptied and allowed to pass.† Dewees‡ once saw rupture of the uterus from hydrocephalus, which craniotomy, early performed, might possibly have prevented. Ramsbotham§ relates the case of a patient who was delivered of a hydrocephalic child, who had been in labour from Sunday, when the membranes broke, to early on Friday morning, when R. first saw her ; she died the same evening. Another author writes : "hydrocephalus in the child is not a common cause of protracted labour, but the diagnosis is very difficult where it is, and if the nature of the obstruction be not early ascertained, the result has generally been unfortunate. * * * Should the pains have continued strong for some hours, and the head have not entered the brim, the perforator should be employed without loss of time."‖ Blundell¶ wishing to guard against undue interference, condescends to be witty :—"Where the head is hydrocephalic, you may,

* Ramsbotham. American Edition, p. 178.
† Forbes Medical Review, Vol. XII., p. 480.
‡ Midwifery, p. 527.
§ Process of Parturition, p. 272,
‖ Lee's Midwifery, p. 42.
¶ Obstetric Medicine, p. 60 and 61.

if you please, carry your hand into the uterus; you may, if you please, burst the vagina; you may, if you please, rupture the uterus, turn the child, and pull its head from its body; but have some little mercy. Give a trial of those natural efforts, which, by the wise accoucheur, are never hastily distrusted. The natural efforts failing, puncture the head, should the lever or forceps have been previously tried without success."

In breech and footling cases, these instruments are useless, and only protract a delivery which cannot be accomplished with them. Craniotomy, therefore, should be had recourse to, so soon as we are satisfied that we have made use of as much exertion as we think ourselves warranted in doing, after the head had been placed in the most favorable position.

5thly. *Size of Head.*—A better idea of this may be formed by comparing it with "average size" heads of a fœtus at birth, and of a British Canadian.

	Fœtus at Birth.	British Canadian.	Mrs. W's. Child.
From occipital protuberance over vertex to nasal spine,	5½*	14	22⅔
Greatest circumference, ...	14	22¼	29½

The records of midwifery that I have been enabled to consult afford no such instance of a hydrocephalic monster—one alone excepted:—"In 1834, Mr. T. Marsh, Coleford, Gloucester, attended Mrs.———, in labor with her sixth child. After long delay, Mr. M. dispatched a messenger to some five miles distance for instruments, but before his return, nature—the safest of accoucheurs—had accomplished delivery. The dimensions of the child's head were as follows:—Radix nasi to protuberantia occipitalis, 26 inches; front occipital circumference, 32 inches; ear to ear, across vertex, 24 inches. Around chin and across vertex, 30 inches."† If these measurements be correct, we must, in order to account for unassisted delivery, suppose one of two things to have existed, either an extraordinarily capacious pelvis—such a pelvis as we sometimes "read of"—or a scalp loosely covering the fluid, or, probably, both. Excepting, therefore, Mr. Marsh's case, as an extraordinary anomaly, the largest circumference I have seen recorded is 27 inches‡. Instances of hydrocephalic heads, under this in size, are numerous. Two

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* In these measurements of the child's head, no allowance is made for the elongation, which usually, and sometimes to a great extent, occurs in labour.

† London Medical Gazette, vol. xvii., p. 486.

‡ I distinctly recollect having read of a head of this circumference, but on again looking for the passage containing it I am unable to find it. This, however, makes me no less certain.

are related by Smellie, in which large heads were expelled.* "I have known," says Merriman, "one hydrocephalic fœtus pass entire, whose head was *seventeen* inches; another passed alive, and lived an hour, whose head measured in circumference *twenty-two* inches; both the above labors were long and painful."† In Perfect's case, the head extracted whole, the breech having originally presented, measured 24½ inches in circumference.‡ Heads much under those related by Smellie and Merriman are occasionally met with by accoucheurs.

6th. *The amount of Fluid.* If the size of hydrocephalic heads vary, the amount of fluid varies also.

In 1751 a Mr. H. relates a case of a fœtus where the head contained a large quantity of bloody serum.§ Ramsbotham (père) relates two cases in which he supposed each cranium to have held many pints of fluid.‖ In Smellie's first case, *three* pints were collected on the cranium being punctured.¶ In case 20 between two and three pints were poured into the skull, through the opening by which the hydrocephalic fluid was extracted.* Mr. T. Smith, Surgeon, Great Milton, delivered a woman of a child, whose head contained *four* pints of fluid.† In a case related by Dr. Georget, *four* pints of a clear yellowish fluid were evacuated by means of a trochar previous to delivery.‡ A woman pregnant for the eighth time, was delivered by Dr. Hyewier of a fœtus whose head contained *one quart* of yellowish coloured serum *(L'Union Medicale).*§ Mr. Robertson, of Aberdeen, relates the case of a woman who died 45 hours after delivery of her eighth child, from the effects of pressure upon the organs within the pelvis caused by a hydrocephalic head which contained *four* pints of water.‖ A case is mentioned by Blanchard in which four pounds of water were evacuated from the head of a fœtus after birth.¶ The case related by Mr. Marsh already alluded to, the head contained 154 ozs, or 9lbs 10 ozs of fluid!* The amount of fluid in the case of Mrs. W's child, cannot be stated with anything

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* Smellie's Midwifery, vol. ii., p. 14 and 210.
† Merriman's Midwifery.
‡ Ramsbotham, p 272.
§ Smellie's Midwifery, p. 42.
‖ Practical observations, part 1.
¶ Collection 31.
* Ibid 35.
† Lancet, 1847.
‡ London Medical Repository, vol. 1st
§ Lancet, 1847.
‖ Medical Gazette, July 13, 1840.
¶ Good's Study of Medicine.
* London Medical Gazette, vol. 17, p. 986.

like certainty, for we unfortunately forgot to fill the cranial cavity, a proceeding which would have saved much trouble. But, supposing the cranium to have been a paraboloid, then

The circular base being, ...	29.5 inches
Altitude, ...	6
The contents or solidity would be, . . .	207.75 cubic inches.

And allowing 28⅞ cubic inches to the pint, the cavity would have contained about seven and one-sixth (7 1.6) pints, wine measure. From this must be deducted the amount represented by the scalp and bones, for the measurements were external; they, being much attenuated, may be represented by 1.6th of a pint, leaving seven pints of fluid;* a quantity much greater than that in any of the cases enumerated, with the exception of Mr. Marsh's.

7th. *Amount of Brain.* I have been unable, notwithstanding diligent search, to find but two instances resembling this, in *this* particular. Sir Astley Cooper some years ago, published a case under the somewhat attractive title of "A child without a brain."

Breschet, Surgeon *en chef* to the Foundling Hospital, in Paris, relates the case of a child who lived to the age of 12 days, whose cranium was of the ordinary size, which contained no brain whatever.† Had gestation, in Mrs. W.'s case been prolonged to about a week longer; the small amount of brain which existed at the time of parturition, would have been entirely absorbed. As it was, the brain was represented by about a drachm and a half of softened, greyish matter, which might have been easily folded up, and concealed in a thimble.

In what part of the brain, and at what period of intra uterine life was this fluid first secreted? It should here be stated, that, during the two months preceding delivery, the patient suffered very much from heat in the right side, which compelled her to lie with cold, wet clothes, applied to the part. In the abnormal position of things, the fœtal head corresponded to that tender part. Could not the inflammation within the child's cranium, attended, as it no doubt was, by increased heat, have been experienced by the mother? With a small quantity of amnial fluid, I perceive no reason for doubting that the increased heat experienced by the mother was caused by the hydrocephalic head lying in immediate contact with the abdominal parietes. And, granting this assumption, I should say, in answer to the latter question, that the fluid was secreted at, or shortly before, the period when the patient first complained of

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*In this calculation no allowance is made for the unevenness of the cerebral surface of the base of the skull.

†London Medical Repository, vol. 18.

pain and heat, namely, two months prior to delivery. "Hydrocephalus—whatever its results—is originally an inflammatory affection situate in the substance of the central parts of the brain, generally terminating by *ramollissement* of those parts, combined with serous effusion,"* and, as an inflammatory affection, is characterized by one of the symptoms of inflammation—heat.

In answer to the former question: most probably in the ventricles, these became expanded into large elliptical cavities, and, adopting the description of the first living pathologist, "the cerebral mass around the ventricles, especially towards the top of the head, became attenuated. Internally and inferiorly, the serum by its pressure flattened the corpora striata and optic thalami, and passing into the third ventricle, it forced these bodies asunder also; the corpora quadrigemina became smoothed, the commissures stretched, and the grey commissure wasted; the pillars of the fornix were forced apart, and, with the septum, driven up against the corpus callosum."† The relative situation of things having been thus changed, the fluid still continued to increase until what remained of the brain, no longer bore any resemblance to what it should have been.

A question here naturally suggests itself: how are we to account for the fact, that the brain can have its substance absorbed; its structure completely destroyed, and yet consistent with life? While the simplest derangement of its functions, is attended with so much peril, during its scarcely less vegetative infant life.

8th. *The strabismus, talipes, and fixed flexure of the fingers and toes.* These malformed conditions—intra uterine symptoms of the congenital disease had evidently existed for a considerable period. The flexors of the fingers and toes had contracted some time prior to birth, and remaining in that condition, the palmar surfaces of the phalanges had been arrested in their developement. This deformity was so great, that tenotomy could not have restored them to a straightened condition, without partial dislocation.

As obstetricians are agreed that the diagnosis of hydrocephalus, *ante partum*, is at all times difficult, might not this abnormal position of the smaller joints materially assist in forming an opinion, in arm and footling cases?

Lastly. *Recovery*—Which, notwithstanding a severe illness, was rapid and satisfactory.

Montreal, July, 1856.

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*Abercrombie on diseases of the brain, 2nd Ed., p. 148.
†Rokitansky's Pathological Anatomy, vol. 3, p. 275.

VII.—*Nutrition, physiologically and pathologically considered.* By James Barnston, M.D., Edin.

As introductory to the more immediate subject of this paper, we conceive it essential to premise an inquiry into what might be called the primary basis of nutrition, viz., the *nature of organic life*—the agencies which originate, maintain and arrest the vitality of animate particles, and the laws which govern matter so called organized—points which, if ascertained *a priori*, will aid materially in our forming clear conceptions relative to nutrition, in its ultimate physiological and pathological conditions.

In viewing, respectively, the two great kingdoms of Nature—the animate and inanimate world—the first peculiarity which serves to arrest the attention of the observer in the condition of *motion* in matter: In the inorganic or inanimate creation, we observe this phenomenon of motion imparted to mineral matter, otherwise inert or motionless. Whether we view this inorganic matter, in its whole, as an aggregate mass, or consider it in its elementary condition, in the form of simple individual atoms, we discover agencies acting upon it, serving to maintain the inert mass or atom in a state of activity. These agencies are of two kinds—general and specific. The general agencies or powers are strictly physical in their nature, and actuate in common upon every species of inorganic matter. Such are, gravity, caloric, electricity, &c. The special or specific forces which operate on inert matter, are those with which nature itself was originally endowed, and are in their nature essentially chemical.—We have strong experimental evidence for believing, although we cannot reduce it to the validity of *fact*, that matter, which in the aggregate mass forms unnumbered separate systems or worlds, is, when ultimately viewed, constituted of different species of minute particles or atoms, each having a definite form, and possessing distinct properties of its own. The atoms of the same species of matter, possessing properties alike, will not act on one another so as to produce activity in any one of their number, even though placed in the closest contact, since they are all in a state of *equilibrium* in relation to their forces or powers, which are identical. Now, what is required in order to excite action in these atoms or particles and produce the phenomenon of motion? It is clear that forces of the same nature cannot excite this activity. In order to the active operation of matter, or an atom of matter, we must conceive the existence of some stimulus or reciprocal power, which would act *antagonistically* to those powers already existing. The result of this antagonistic force, which operates as soon as it comes within reach of its *sphere of*

action, is manifested in the excitement of those forces which formerly were latent or dormant—the complete disturbance of the inert atoms—their consequent disarrangement and their subsequent re-arrangement in a new form. This is just what is observed to take place in every active process in the inorganic or inanimate world, and cannot be better exemplified than in the congelation of water by the melting of ice.

The process of combination and decomposition—the union and disunion of individual particles of different species of matter—the destruction of one compound and the formation of another, as well as the manifestation of motion in aggregate masses of inorganic matter, are all referable, as phenomena of activity, to the operation of existing forces, which are resident in matter and lie dormant or latent in each species of matter till excited to a state of activity, so soon as they are brought to bear to each other that relation which is antagonistic or reciprocal.

Asserting, then, our belief in the existence of antagonistic forces, as essential to the activity of the inert atoms of inorganic matter, we may, reasoning from analogy, also conceive the existence of forces and powers which would operate in originating and maintaining the living atom of organic nature.

Matter, as presented to us in the organized form, is compound in its nature—that is to say—it is composed of an infinite number of particles or atoms, not only distinct from each other as constituting different species, but distinct also from those atoms which we observe as constituting the inorganic world. Although received as ultimate particles in the organized structure, they are chemically compound and built up of constituents which, we know, are derived from the inorganic world, and, as such, subject to chemico-physical laws.

But the ultimate atoms of organized structure are not inert, as those of the inorganic world. They exhibit an incessant or *perpetual* motion; and this is manifested in the formation, growth and decay of organized textures. In order to constitute it a living particle, and one fitted to enter into and form a portion of an organized texture, it must be endowed with a power or force to actuate it. This force, which may be properly designated an *organizing agency*, is one which is essential to the very existence of an organizable and organized atom. It cannot be considered apart from, or independent of, organized matter; nor can we maintain the idea, as some physiologists do, that it is a superaddition to matter, when the latter is brought, as it were, into a condition of being organized. Matter cannot be organized or brought into a state of organization without its actuating influence. All organized matter is

ultimately constituted of inorganic elements, which are consequently subject to chemical laws, and we know that chemical laws or forces cannot operate so as to impart *life* to the kind of matter over which they preside; we must therefore look for another power or force which will serve to originate and maintain vitality in matter so called organized, and it is to this power that we give the name of organizing agency, which we believe is imparted to inorganic matter so soon as it comes in contact with an organized body to which it bears a relation. It gives to that matter the power: 1st, of becoming organized; 2nd, of being or remaining in a state of organization, and, 3rd, of acting the part of an organizing agent in the conversion of matter to organization similar to that of itself. Viewing organized matter in this light, we perceive that there are two distinct classes of agencies or powers operating upon it, viz., the organizing agency on the one hand, and the chemical forces on the other—the former serving to maintain the condition of organization, while the latter, on the contrary, operates powerfully to reduce or bring back the organized matter into its primitive state of inorganization. These two powers, therefore, act antagonistically in relation to each other, and it is to this reciprocal or stimulus—as a result of these powers acting on matter in opposition to one another—that the phenomenon of perpetual motion is manifested in it. As a result also of these operating powers, we observe the phenomenon of constant motion accompanied by incessant changes, which in fact, constitute the individual processes of formation, growth and decay.

The organizing agency, of which we have spoken, extends its actuating power to all kinds of matter which is organized and cannot serve to specialize the difference in the nature and qualities of the various textures. Every organized texture which exists in a living body must be possessed of distinct properties of its own to distinguish its species from that of another. These properties may be termed specific, as being limited to the kind of matter which possesses them and as acting upon it alone, so as to preserve its original nature and qualities distinct.

Keeping these details in view, we observe a wide line of demarcation between the two great kingdoms of nature, and yet a marked analogy, both in the phenomena of their respective actions and in the general and special agencies which guide, actuate and govern them, as separate systems. It is by thus contrasting their nature and operating agencies, that we can obtain a clear knowledge of the nature of organic life, or life as exhibited in an organized body; and from what has been considered, it may be safely inferred that *life*, in the acceptation of the term as applied to an organized body, is the manifestation of activity in

matter, resulting from the operation of an organizing agency on the one hand and of chemico-physical forces on the other; which, acting as they do reciprocally, serve to produce a definite relative arrangement in the particles of matter so as to form and maintain the condition of organization.—Having now discussed these preliminary considerations, for the better elucidation of the process of Nutrition, let us now proceed to enter into detail respecting the nutritive process itself, as manifested to us in the simplest as well as in the more complex forms of life; and notice those intimate changes observed to take place in all textures, from the time they are becoming organized to the period when disorganization or decomposition takes place.

And, in the first place, let us remark that all organized or organizable matter is derived more or less directly from the inorganic world. Every atom, particle or cell, both animal and vegetable—simple as it is organically—is constituted of inorganic elements, which, taken up singly, combine in certain definite proportions, at the same time influenced by a new power which subjects them to an arrangement fitted for their organization. This transference of inorganic to organic matter —this transformation of inorganic elements into organized structure—is very beautifully marked out to us in the vegetable world.

Do we not find an intimate relation between the inorganic and vegetable kingdoms of nature? Have we not discovered the fact that a correspondence relates between the consumption of certain elements of the one and a proportionate appropriation and development or growth in the other? The vegetable seed sown in the soil and placed in circumstances favorable to its development, is duly excited to activity by the mutual operation, on the one hand, of that organizing agency which previously lay dormant in it, and on the other, of the forces resident in the inorganic matter which surrounds it. Thus stimulated to action, it appropriates certain materials from the soil, with which it builds up its structure. The inorganic elements taken up observe an arrangement favorable to their being organizable. They become organized, and in their organization they virtually become a portion of the vegetable, which is nourished by a process of selection and assimilation. But, connected with the process of organization, we observe another change of quite an opposite nature continually going on. This change consists in the destruction of part of the organized texture, its decomposition and return to its primitive elements, which are inorganic. But this decomposition is accompanied by a process of elimination or separation of the decomposed elements from the vegetable. This process of elimination of effete matter is essential to the preservation of the organized structure, for by these

means, it gets rid of matter which is not only useless but detrimental to it, and thus its organic and functional condition is preserved in a normal and healthy state. From what we have advanced, you will perceive that nutrition in its simplest form, is, in reality, a complicated process. It consists of a proportionate number of changes, necessary to the life of an organized tissue. These changes constitute individual processes, the sum of which is nutrition. These processes may be thus stated as they occur—1st. That of adoption or selection of organizable matter; 2nd, That of its assimilation or its being made like or similar to the organized matter which has appropriated it, and which in consequence of that assimilation and addition is developed and increased in size; 3rd. That of the decomposition of that portion of the organized tissue which has served its functional purpose and its return to the elementary form, and 4th. Its elimination or separation from the tissue as useless and effete matter.

In the simplest and most perfect of organized structure—the *vegetable cell*—these processes are observed with united regularity. The vegetable cell is an independent living structure, and in it we observe *all* the functions of life—as manifested in an organized structure—performed in all their simplicity, beauty and perfection. In it—as an independent body—all the chemico-vital processes of selection and elimination, of assimilation and decomposition, of secretion and excretion, are portrayed with that precision and harmonious perfection—observed in the most complicated living organism—the human frame. But it may be asked—Why this selection of certain elements? Why this decomposition of organized tissue? The first is, we conceive, not the result of an unknown, mysterious and indescribable power—designated, by common usage, "*vital attraction*," called into existence by the prolific imaginations of vital enthusiasts of modern times, only calculated to limit and stagnate our research and lull us into the false security of a hypothetical doctrine, which has no foundation, but in the minds of its unequivocal supporters!

If the premises upon which we based our previous observations be correct—the only natural and indeed reasonable conclusion to which we can arrive—respecting the appropriation of certain kinds of elements by organised structure for its nutrition, is, that the same is the result of a mutual and relative bearing between the matter appropriating and the matter appropriated—the latter subject *at the same time* to a controlling power antagonistic to the power of appropriation; or, to be more explicit, in order to the appropriation of matter in due amount and quality for proper assimilation, two powers of relative bearing are requisite,

which are the following, viz:—1st. On the one hand, a power of receiving assimilative matter by the tissue which is to be nutrified, and 2nd. An antagonistic power of *control* over the amount and quality of that matter which is being appropriated from the other. It may be likened to a process of *giving* and *taking*, two acts which are essentially different and distinct.

With reference to the second query, it is clear that since we have assigned the process of organization to an organizing agency, the gradual diminution of that agency will be followed by a corresponding gradual cessation in the process of organization, and the total loss or extinction of the former, will be accompanied or succeeded by *death* of the organized tissue. The chemical forces have now free and complete control over the dead organized tissue, which becomes speedily decomposed and disorganized, and ultimately returns to its primitive elementary condition. But what, it may be asked, becomes of the organizing influence which has thus departed? Let us again for a moment turn to our vegetable cell. We found its life constituted of a series of changes, forming, in their aggregate, the great process of nutrition. It has, however, another function to perform ere it dies, and that is the function of reproduction, the last and all-important one, for the preservation of its own species. Its whole power is exercised in order to the formation of a germ which is to be its subsequent representative—"like unto itself."

Upon it then does the dying cell stamp its parental impression and to it impart the same organizing influence which originated and maintained its own existence. Springing up from the same species of matter, recipient of the same primary impression, animated by the same organizing influence and subject to the same special laws of nutrition, the offspring through successive generations, *lives* to be like unto the parent. It is thus we discover an intimate relation between the function of nutrition and the function of reproduction, as displayed in the simplest and most perfect of organized structure, and as such we cannot sever the one from the other, but may, without compromising our safety, extend a wide latitude to both and graduate a *centre* of *nutrition* into a *centre* of *reproduction*.

The minute details which we have just entered into will sufficiently serve to guide us in our reasonings with reference to nutrition as manifested in the most complicated of organised structure. In the nutrition and growth of a simple cell we observe all the changes which constitute the individual processes of selection or appropriation, assimilation, organization, destruction of tissue and elimination of effete matter. These individual processes considered separately, exhibit all the phenomena of

the great process of nutrition, (which is used in its most extended signification), and since nutrition cannot be normally carried on in any organ, without the proper and simultaneous co-operation of all these processes, we cannot, therefore, limit our ideas of nutrition to one individual process to the exclusion of the others, but we must derive our conceptions of it, as a great complicated function from the *mutual* and *combined* workings of several different processes, which, acting as they are wont to do, in complete harmony with each other, maintain the health and normality of the whole organism. The nutrition of an intricate and complicated structural organ is in all respects identical to that of a single independent cell, with certain peculiarities, however, *incident* to its *peculiarity* of *texture*.

We find the plant nourished through the intervention of cells, which select, assimilate and organize materials that are subsequently carried to all parts of the plant, by means of vessels, each organ appropriating from these vessels, for itself that kind of matter which is destined for its nutrition and growth. We find a double nutrition, as it were, constantly going on in the plant, viz: the nutrition of the cells in the organization of inorganic matter taken from the soil, and the nourishment of the individual organs of the plant from organized matter, which circulates through the vessels that ramify in their tissue. The same double process is carried on in the economy of the animal organism, and for its nutrition, we find the organised elements of the vegetable most suitably adopted.

In this we discover a graduated scale of organization and a progressive advancement from the organization of the inanimate elements to the most thorough elaborated animal structure. To this end do the three great kingdoms of nature, the mineral, vegetable and animal, unite in just and harmonious co-operation.

If we examine minutely into the nutritive process, as carried on in every organ of the human body, essentially the same elements enter into action. What are these? *cells* and *vessels*. The cells are vital bodies of which the organ is partly composed. They are situated in proximity to the vessels, which ramify minutely through the whole organ and carry in them that fluid, the blood, which contains the elements necessary for the nutrition of the organ. Now! what is the nature of that process? And what are the laws which govern it?

The phenomena of the process may be thus expressed. The fluid or blood which circulates within the vessels, parts with a certain portion of its elements—which, passing through the vessels are thus appropriated by the cells, which are in close contact with them, to be assimi-

lated or made like the organized texture of the organ. There is in fact an *exudation* of a portion, and a certain portion only, of the contained fluid, the blood, through the coats of the containing tubes or vessels, into the cellular structure without. But why this exudation and why this peculiar portion of matter only? We believe it to be the result of two powers (adverted to before), which continually operate, so long as the phenomena exist. These two powers are, one the power of *appropriation*, on the part of the tissues, and the other the power of *control*, on the part of the vessels. The power of appropriation on the part of the tissues, merely serves to draw fluid from within the vessels. If it acted alone, it would undoubtedly draw every constituent of the blood (with the exception probably of the blood globules, which cannot pass through, the obstruction being mechanical) as may be proved by injecting a fluid of the same consistence and density as the blood, into the blood vessels of the dead body, when it will be found that every constituent of the fluid without discrimination, is exuded through the vessels of the organ into its proper issue. How is this to be explained? Only, we conceive, upon the supposition, that there is absence in the dead body of that controlling power which exists in the living and modifies the passage of the fluid elements of the blood; and this, coupled with the circumstance, that diminution or loss of this controlling power in disease is followed by an abnormal exudation as to kind and quality, proves the absolute necessity for the constant operation of this power to control and modify the exudation of certain kinds of fluid matter rom the blood in order to the proper nutrition of any given tissue. In short, we conceive, the functional office of this controlling power to be the allowing to pass nutritive matter alone, and the keeping back that portion of the blood, which, if exuded, would act detrimentally on the tissue.

The appropriation of fit materials and the assimilation of these by the tissue which appropriates them do not constitute the whole process of nutrition. In order that nutrition of an organ be maintained healthy and normal, there must be a process of destruction of the older tissue, and its subsequent elimination—to give place to the more recently organized portion. As there is a constant *building up*, so there must be a corresponding process of *breaking down* of tissue.

To eliminate or carry away this broken down tissue, every organ is supplied with another class of vessels, whose sole function is directed to draw off the effete matter, which can serve no further purpose in the economy of nutrition, and if retained, would upset the balance of standard healthy nutrition.

Viewing nutrition in this light, we may safely say, that every organ in its nutrition, is in relation to itself, its own eliminator—nay more and equally true, as has been well remarked by Paget—every organ, in its nutrition, stands in relation to the whole body, as an *excretory organ*. As a reasonable deduction founded upon this generally received doctrine, we may advance a step further and maintain that every organ in relation to its ultimate nutrition is *extra vascular*. However minute the ramifications of vascular supply through an organ, its own peculiar and proper tissue is extra-vascular. Every individual cell which appropriates matter from the blood vessels, stands without the vessels and is in reality an extra-vascular body. In general the ultimate elements of an organized texture are in close proximity to the coats of the vessels which ramify throughout the whole organ, but in some few cases these ultimate elements are situated at a comparative great distance from the vessels from which they obtain their nutritive supply. The best example of this is cartilage—the ultimate elements of which are placed much more distant from the source of their nutritive supply than those of any other organized structure. But cartilage cannot be considered a non-vascular structure in contradistinction to other tissues, for all other organized structures are in their ultimate nutrition extra-vascular structures, and as such their ultimate elements in the organic sense of the term must be considered non-vascular.

Having now presented these observations on the general physiology of ultimate nutrition, let us advert but briefly to those pathological conditions which serve to implicate and disturb the healthy nutritive process; and let us remark in the first place, if the views which we have advanced in reference to the laws which govern healthy nutrition be correct, it is evident that any alteration in these laws will be followed by a change in the nutritive process—a deviation in the one will lead, as a natural consequence, to a corresponding deviation in the other. But in order to understand cause and effect, let us examine into the phenomena of a pathological lesion of nutrition.

Now in all pathological lesions of nutrition there is, in general, a manifest change in the quantity and quality of the normal exudation—we say normal exudation for it is probable, nay almost placed beyond a doubt, that all the elements which enter into the nutrition of an organ exist in, and are derived from the blood. In almost all lesions of nutrition there is an increase in the amount or quantity of the normal exudation. Again, as a general rule, pathological processes are accompanied by an alteration in the quality of the normal exudation. These two conditions, viz: *alterations* in the *quantity* and *quality* of exuded matter may exist

to a greater or less degree either separately or combined. We have said that the elements of pathological exudation all exist in the blood. Thus we find among the elements of the blood which are exuded-water, which exists in the blood-plasma to the average extent of 880 to 906 parts in a thousand, is often increased to the amount of 970 to 988 in a 1000 parts in recent pathological exudations. Again the albuminous elements of the blood may be exuded abnormally in the form of complete solution, or in form of solution which coagulates spontaneously, or in the form of viscid matter colloid or gelatiniform.

Now the only reasonable explanation we can give for the phenomena of pathological nutrition, is by supposing the elementary powers of nutrition to be at fault. For since we believe the normality of the nutritive process to depend upon the mutual and constant operation of existing forces which govern that process, any alteration in the power of these forces will be accompanied by alteration in the process itself.

What is the alteration in these powers or forces? It consists in a *diminution* in the *amount* of elective and controlling power of these forces. The greater the diminution of controlling and elective power, the greater will be the change in the quantity and quality of the exuded matter. It is thus that we conceive every morbid process to be *retrograde*; that is to say, it is the result of a *diminution* of the controlling power of the vessel on the one hand, and of the appropriating power of the cells in the tissue on the other. Thus, therefore, in every morbid nutritive action, there is a *lowering* of the vital forces or powers—a marked deviation from the standard of health and a nearer and nearer approach to death.

ART. VIII.—*Effects of acetate of lead in large doses.* By ALEXANDER LANE, M.D., Royal Navy, Janesborough Villa, Mahone Bay, Nova Scotia,

GENTLEMEN,—An article in your journal for this month by Mr. Aran, induces me to send you the following, perhaps you will think it worthy of a place in your columns, it will throw much light upon the same subject published in a work by Doctor William Grove Grady of Dublin, in 1849.

(From Dublin Medical Press, June, 1842.)

"Some time ago a patient of mine laboring under phthisis confirmata was attacked with hæmoptysis, the remedies recommended in such cases were resorted to without relief, as a final measure, I had resource to the

acetate of lead, administered it in the usual doses, but without producing the desired effect. The powerful astringent nature of this medicine tempted me to hazard what I then considered a large dose, without opium; more particularly as the quantities I had already given did not appear to have had any direct effect upon the system. I therefore gave five grains, and waited the result with anxiety, four hours passed away without any untoward symptom, and the disposition to hœmorrhage seemed less. I then repeated the dose, and waited four hours more with less anxiety, after which, I again repeated the dose, thus making fifteen grains in eight hours, without producing any other effect than that of arresting the disease. This patient eventually died of phthisis, but the hæmorrhage did not again return during life.

"The result of this case led me to doubt the poisonous nature of this drug, at least in moderate doses, and an opportunity soon offered itself to me of testing, whether in reality it was as dangerous as it was generally supposed to be. A lady laboring under hæmorrhagia applied to me. The complaint had been of long standing and had resisted all medical treatment. I commenced the acetate of lead in doses of ten grains every four hours, removing the disease on the evening of the seventh day without giving any inconvenience to my patient. The lady had also a disposition to tubercular phthisis, which has since appeared, and this has led me to suspect that, this medicine may possess some influence over disease of the lungs, prior to the commencement of the suppurative process.

"I am now giving this medicine in a very aggravated case of hœmorrhagia in doses of ten grains every two hours, with a very fair prospect of ultimate recovery, notwithstanding the digestive organs have suffered considerably from one year's drenching in quackery.

"I am of opinion that a drachm or even two of this medicine might be given with perfect safety in desperate cases, and I am in the hope that, when its full power shall become known to the medical world, it will become more general in those fatal disease. I have no doubt of its power in arresting hemorrhage, more particularly from the lungs and uterus, and as for the stomach, its effects should be instantaneous. Should you think what I have communicated to you worthy of notice in the columns of your most valuable publication I will at some future day detail the result of the efficacy of this medicine in my practice, and I trust this will induce my medical brethren to try its effects, and test its efficacy."

The above, you will observe, was published in 1842. And seven years afterwards a Doctor Grady, of the Kilmainham Cholera Hospital, dis-

covers? that the acetate of lead may safely be given without opium!!! What a discovery! Seven years after my publication, perhaps he was only a student then. It appears that he consulted the work of Dr. Graves, but his doses were too small. I formed an opinion then, which time has not changed, that, if the acetate of lead was to be protected by opium, a chemical change must, of necessity, take place. The acetic acid of the lead, must combine with the active principle of the opium and form an acetate of morphia, and consequently leave the lead free. Thus changing at once the entire nature of the drug, and as a matter of course, all its astringent and other qualities. I trust you will think these observations worthy of a place in your columns.

Your obedient servant,

A. Lane.

REVIEWS & BIBLIOGRAPHICAL NOTICES.

XII.—*Report of the Committee for scientific inquiries in relation to the cholera epidemic of* 1854. Presented to both Houses of Parliament, by command of Her Majesty. London, 1855. pp. 129.

Appendix to the Report of the Committee for scientific inquiries in relation to the cholera epidemic of 1854. pp. 352.

Report of the Medical Council to the Right Hon. Sir Benjamin Hall, Bart., M.P., President of the General Board of Health, &c., &c.. in relation to the cholera epidemic of 1854. pp. 9.

Report on the results of the different methods of treatment pursued in epidemic cholera. Addressed to the President of the General Board of Health, by the Treatment Committee of the Medical Council. pp. 28.

Report on the results of the different methods of treatment pursued in epidemic cholera in the Provinces throughout England and Scotland in 1854; being supplemental to the metropolitan Report, addressed to the President of the General Board of Health, by the Treatment Committee of the Medical Council. pp. 24.

Letter of the President of the General Board of Health, to the Right Hon. the Viscount Palmerston, Secretary of State for the Home Department, &c., &c., accompanying a Report from Dr. Sutherland on epidemic cholera in the Metropolis in 1854. pp. 120.

Report on the cholera outbreak in the parish of St. James, Westminister,

during the autumn of 1854. Presented to the Vestry by the Cholera Inquiry Committee. July 1855. London. pp. 175.

The disposition which the Government of Great Britain has, of late years, exhibited to encourage all inquiries having for their object the improvement of public health and the consequent prolongation of human life, must be a source of gratification to all who take an interest in the advancement and success of sanitary science. In all that relates to the health of communities, governing bodies have usually evinced an obtuseness of perception, not to say stupidity, a dogged determination not to be convinced by the clearest and most conclusive statistics, which is really inexplicable when we consider that such bodies often include many of the most talented men of the community. Errors have been perpetuated and nuisances unabolished, although their mischievous and deleterious effects on the sanitary condition of the people have been made so plain that he who runneth, even though a fool, might read. This state of affairs, however, cannot much longer exist. The severe lesson which England has learned in the Crimea must have a salutary effect. The overweening conceit of hereditary office-holders, their undisguised contempt for everything not having the stamp of antiquity, their dogmatism and impatience of advice must now have received their death-blow. For it is a fact, no less true than melancholy, that, to the ignorance and *red-tapeism* of a few miserable routinists in office, Great Britain is indebted for the loss of one of the finest and most heroic armies that ever left her shores. Had the warning voice of science been for one moment listened to, many a brave, whose bones now lie scantily covered with earth on the bleak hill sides of the Crimean Peninsula, would be still living, ready and willing to fight his country's battles in some other quarter of the globe.

"In presenting our Report," say the Medical Council of the General Board of Health to the President, Sir Benjamin Hall, Bart., "of Inquiries, conducted under your sanction, into the course and phenomena of the late epidemic of cholera, the Medical Council may be allowed to express their satisfaction at science having at length been recognized by the state as the ally of civil jurisprudence, and as the guide to a more enlightened code of medical police. They trust that this propitious movement may be regarded as the inauguration of a system ultimately destined to carry its ameliorating influence through all the ramifications of our sanitary institutions."

The gentlemen composing the Medical Council found it expedient, "from the multifarious character of the objects embraced by this wide inquiry," to distribute these objects into several classes, and to entrust

the examination of each class to a special section of the Council. "Of such special sections of the Medical Council there were three: one, constituted to report on such *scientific inquiries* as it had seemed expedient to constitute, and consisting of Dr. Arnott, Dr. Baly, Dr. Farr, Mr. Owen, and Mr. Simon; a second, to digest from the general mass of contributed material whatever facts could illustrate the relative advantages of rival *methods of treatment*, consisting of Dr. Alderson, Dr. Babington, Dr. Paris, Dr. Tweedie, and Mr. Ward; a third, to invite from the cultivators of science in *foreign countries* any information which could be given as to the results of their kindred investigations, consisting of Dr. Babington, Mr. Bacot, Sir James Clark, and Mr. Lawrence." We shall now endeavour to lay before our readers some of the information gleaned, and results arrived at by the different committees. The report, then, of the Committee for scientific inquiries, is divided into three sections. 1st. Statistics. 2nd. Ætiology. 3rd. Practical pathology. From the first we learn that the number of deaths occurring in London from diarrhœa and cholera, during the epidemic of 1854, amounts to 17,919 persons. By an estimate based on the returns made by the medical practitioners for the Board of Health, the number of persons that were attacked at all ages by cholera was 24,917 persons; by diarrhœa of some severity 329,778; by diarrhœa of slight nature, about 519,487; thus making 874,182 persons who were touched by the epidemic, while 1,642,866 persons escaped. The average mortality was 46 per cent; that of the hospitals being 51 per cent, whilst that of cases treated at home was 42 per cent. The power of recovery from this disease varies considerably for different ages:—"35 deaths at the age 15 to 25 imply that 100 persons of the age have been attacked; at the age 45 to 55, 50 deaths imply 100 attacks; at the advanced age, 75 to 85, 71 deaths by cholera imply 100 attacks." So that the chances for recovery of the young person is vastly greater than that either of the adult or aged. Like in all other places where cholera has appeared, in London certain districts were severely visited whilst others enjoyed a comparative immunity. "The districts arranged in the order of the rate of mortality from cholera, display a regular series of numbers expressive of that rate, ranging from 6.10, and 11 at one extreme, to 142, 165, and 170 at the other extreme." The opinion has always prevailed that cholera spreads more rapidly and exhibits a greater degree of virulence wherever there is a dense population. The inquiries of the committee, however, overthrows this commonly received opinion; proving as they do, that unless other and more potent agencies are present, the influence of mere density may put down as *nil*. "The mean mortality by cholera and diarrhœa, in the 18 most open districts

of London, (40 in 10,000), is nearly the same as (42 in 10,000) the mortality in the 18 most dense districts." Elevation, as was pointed out by Mr. Farr after the epidemic of 1849, has a marked influence over the course of the disease, high altitudinal ranges apparently being inimical to its development and rapid spread. This, we think applies more to comparative altitudes of localities, than generally to high elevations, The population of London is distributed over the low ground on both sides of the Thames, and over a great number of elevations and depressions, which ascend from the south bank of the river up to Blackheath and Norwood, and from the north bank up to Highgate and to Hampstead. The four lowest districts, Newington, Rotherhithe, St. George Southwark, and Bermondsey, are on or below the level of the Thames at high water; the mortality by cholera to 10,000 in these districts was at the rate of 112, 195, 121, and 179 in the last, and 144, 205, 164, and 161 in the previous epidemic. Hampstead, Islington, Marylebone, and St. Pancras are at average elevations of 350, 94, 87, and 73 feet above the Thames, and the mortality by cholera in these highest districts was at the rate of 12, 11, 17, and 10 in the last, of 8, 22, 17, and 22 to 10,000 in the former epidemic." The thirty-six districts of London being arranged according to the degree of their elevation above the high-water mark of the Thames; the mean mortality by cholera was, to every myriad (10,000), 156 in the districts on or below the level of the high-water mark, 31 in the districts of 2 and under 20 feet of elevation, 44 in the districts at 20—40 feet, 36 in the districts at 40—60 feet, 23 at 60—80 feet, 17 at 80—100 feet, and 10 at 350 feet of elevation. "Independently of any hypothesis," say the Committee, "it may now be stated as the experience of two epidemics in London, that such local varieties of effect, group into masses for comparison, have been more nearly inverse to the elevation of soil in the affected districts than proportionate to any other general influence that we could measure."

The material on which the second or ætiological section of the report is based, forms solely the 352 pages of the appendix, and consists of able and scientific reports on the meteorology of London by Mr. Glaisher, of the Royal Observatory, Greenwich—in certain chemical and microscopical investigations of air, by Dr. R. D. Thomson and Mr. Rainey, both of St. Thomas' Hospital,—and in a chemical and microscopical examination of the water supplied to London, the former being conducted by Dr. Thomson, the latter by the celebrated microscopist Dr. Arthur Hill Hassell.

"Mr. Glaisher's inquiries have related to the *pressure of the atmos-*

phere total and aqueous; to its *temperature,* mean and extreme; to its *moisture,* absolute and relative; to its *density;* to the directions and amount of its *movement;* to the *chemical and electrical* influences that act in it; to *haze, fog, mist, and rainfall.*"

The pressure of the atmosphere rose considerably above its normal amount when the epidemic reached its height. From the 25th of Aug. to the 19th of September, the readings of the barometer was above 30 in.; and for three days in this period as high as 30¼. The temperature, also, was greater than usual; the excess of heat, averaging, during fifty four days, while the disease was at its maximum, 2°.6; and during one week of the same period the excess amounted to 6¼°. "The atmosphere, during the prevalence of cholera, was less full than usual of aqueous vapour. In July, August, September and October, it was further than usual from saturation; and from June to November it contained, in weight of vapour *per* given measure of air, 1.20th less than its average." The density was, with the exception of the months of January and December, in excess. During the most fatal days of the epidemic, there was scarcely any movement of the atmosphere, no ozone could be found at any station near the metropolis, and scarcely any rain fell. Mr. Glaisher gives the following summary:—"The three epidemics were attended with a particular state of the atmosphere characterized by a prevalent mist, thin in high places, dense in low. During the height of the epidemic, in all cases, the readings of the barometer, was remarkably high, the atmosphere thick, and in 1849 and 1854, the temperature above its average. A total absence of rain and a stillness of air, almost amounting to calm, accompanied the disease on each occasion. In places near the river, the night temperatures were high, with small diurnal range, with a dense torpid mist, and air charged with the many impurities arising from the exhalations of the Thames and adjoining marshes, a deficiency of electricity, and, as shown in 1854, a total absence of ozone, most probably destroyed by the decomposition of the organic matter, with which the air in these situations is so strongly charged. In both 1849 and 1854, the first decline of the disease was marked by a decrease in the readings of the barometer, and in the temperature of air and water; the air, which previously had for a long time continued calm, was succeeded by a strong S.W. wind, which soon dissipated the former stagnant and poisonous atmosphere. In both periods at the end of September, the temperature of the Thames fell below 60°, but in 1854 the thermometer again increased, the air became again stagnant, and the decline of the disease was considerably checked. It continued, however, gradually to subside, although the

months of November and December were nearly as misty as that of September."

Dr. Thomson and Mr. Rainey experimented on the atmosphere of a Hospital ward filled with cholera patients—on that of a ward partially filled with cholera patients—on that of an empty ward after cholera had left the district—on the external atmosphere adjacent to St. Thomas' Hospital, and on air collected from within a sewer. All that was found peculiar in the air of the cholera ward were mycelia of fungi, not differing from those which had formed in solutions of vegetable substances after exposure to the air where no cholera was present; and extremely minute, colourless, indistinctly beaded fibres, resembling in their general characters that form of vibrionia called "bacterium." The former, however, were also found in abundance in the air of the ward after the disappearance of cholera, and the latter in very large quantities in the air of a sewer, when no cholera was present. Hence they cannot be looked upon as of much value in our estimate of the proximate causes of the disease.

Dr. Hassall having examined microscopically many specimens of water, obtained from houses wherein one or more of the occupants had suffered from cholera, reports,—"That the whole of the numerous specimens of water subjected to examination contained organic matter, dead and living, animal and vegetable; that the quantity and kinds of organic matter varied considerably in different cases, but were usually more or less constant for the same water; that some waters abounded in living animal or vegetable forms of different genera and species; containing also a large quantity of dead organic matter, amongst which were frequently to be detected fragments of the husk of wheat, hairs of the same, starchy matter of different kinds, cells of potatoes and other vegetable tissues, with, in some cases, fragments of altered muscular fibre —these latter structures and elements being undoubtedly derived from the fœcal matter contained in the sewage."

Our readers will find in the first number of our third volume, a notice of Dr. Snow's work "on the mode of communication of cholera," in which this gentleman's novel theory regarding the propagation of cholera is stated and dissented from. Notwithstanding the array of facts favoring his peculiar views industriously collected by the talented author, and the force of his argumentation, we were of opinion that the history of cholera epidemics entirely disproved the opinion that the diffusion of the disease is solely to be attributed to persons having by some means or other, but principally through water inhibited, swallowed some of the cholera poison—this poison being derived from the evacuations of cholera pa-

tients. We stated at that time that diarrhœa is a precursor of cholera; that everything tending to excite inordinate action of the intestines so far places a person in a situation favorable to an attack of the disease; and that of all substances liable to induce diarrhœa, water charged with organic matter in a state of decomposition standing pre-eminent, nothing was more likely than that persons drinking water derived from the Thames opposite London, should suffer from diarrhœa, and suffering from diarrhœa during the prevalence of an epidemic of cholera, that they should be attacked by this disease. We are pleased to see that the committee hold similar views to our own. "The admixture of *decomposing organic matter*," say they, "in the water supply of the metropolis being attested equally by chemical analysis and by the microscopical evidence just adduced, we do not hesitate to speak of this contamination as one that may have exercised great influence on the spread of cholera among the population." And again, in referring to Dr. Snow's suggestion that the intensity of the outbreak in Golden Square and vicinity, was to be attributed to the waters of a certain well in Broad Street being contaminated with the rice-water evacuations of cholera patients, they report:—"After careful enquiry, we see no reason to adopt this belief. We do not find it established that the water was contaminated in the manner alleged; nor is there before us any sufficient evidence to show, whether the inhabitants of the district, drinking from that well, suffered in proportion more than any other inhabitants of the distriet who drank from other sources. The water was undoubtely impure with organic contamination; and we have already argued that, if, at the times of epidemic invasion, there be operating in the air some influence which converts putrefiable impurities into a specific poison, the water of the locality, in proportion as it contains such impurities, would probably be liable to similar poisonous conversion."

With regard to the results of different modes of treatment, we learn from the Report of the "Treatment Committee," that the order of percentage of failure to stop the disease in its earlier stages, or in that of premonitory diarrhœa, is as foilows:—salines, 13.6 per cent; chalk mixture, 8.9; calomel with opium, 6-9; opium, 0; calomel, 2.4; chalk with opium, calomel and astringents, 1.5; sulphuric acid, with opium and calomel, 1.3; sulphuric acid, with opium, 0; chalk with opium, ammonia and catechu, 0.2. Taking sulphuric acid, with and without opium, and with calomel as an adjunctive remedy, 1.31. Taking chalk with and without opium, together with aromatic confection and ammonia, with catechu, kino, logwood, and calomel as an adjunctive reme-

dy, 1.31. This shews in a marked manner a decided preference to the astringent plan of treatment in the early stages of the disease, or in the premonitory diarrhœa. In cases of collapse, the treatment by calomel and opium stands highest in the scale of success; whilst that by calomel in small doses, by castor oil, and by sulphuric acid are much the lowest. The percentage of deaths following different plans of treatment being, calomel and opium, 59.2 per cent, calomel (larger doses) 60.9; salines, 62.9; chalk and opium, 63.5; calomel (small doses) 73.9; castor oil, 77.6; sulphuric acid, 78.9. "Amongst 800 cases of cholera in the Provinces throughout England and Scotland, 534 cases of consecutive fever are reported to have occurred, or 29.2 per cent. Of the treatment of consecutive fever in the Provinces, 56 cases were treated with salines, 6 died; 101 with aperients, 8 died; 1 with diuretics, 0; 21 with stimulants, 14 died; 3 with external irritants, 2 died; 6 with nourishment alone, 2 died. The most successful mode of treatment in consecutive fever, according to the foregoing table, appears to have been by aperients."

The reports before us contain a vast amount of scientific and practical information relating to cholera which it is beyond our power to condense within the compass of a single article, and as our journal is so limited in size and as there are so many works demanding our attention now lying on our table, we are constrained to dismiss the subject at this point. We cannot do so, however, without expressing our satisfaction at the tardy recognition by the Government of Great Britain of the importance of scientific inquiry in matters relating to the health of the community, of which the establishment of the Committee to inquire into everything relating to the cholera epidemic of 1854, is a pleasing evidence. Investigations carried out as thoroughly and scientifically as those of Mr. Glaisher, Dr. Hassall, Dr. Thomson, and Mr. Rainey, will not only reflect credit on the parties themselves, but will also tend to elevate our profession in the eyes of the public, and rescue it from the pitiful jokes and sneers of those who believe that the sum total of medical science consists in knowing how to make a bolus or draw a tooth, to bleed, purge, vomit, and blister the million.

XIII.—*Physical exploration and diagnosis of diseases affecting the respiratory organs.* By Austin Flint, M.D., Professor of the theory and practice of Medicine in the University of Louisville; honorary member of the Medical Society of Virginia and the Kentucky State Medical Society. Philadelphia: Blanchard and Lea.

Montreal: B. Dawson. Quebec: Middleton and Dawson. 1856. pp. 626.

The present work is limited to the diagnosis of affections of the respiratory organs, principally, by physical signs. The author says his method "has been to treat of the physical signs as regards their individual character, their significance and diagnostic relations, separately and combined, without imposing on myself restraint on the score of brevity. Whilst I have desired not to be tediously minute or diffuse, I have intentionally amplified somewhat after the usual mode of oral teaching." Upon all these various points the reader will meet with a full and ample description, embodying the present state of medical knowledge and the results of the author's own extensive experience. The practitioner who desires to rise above the level of a *practical character*, will here derive the information that will enable him to assign a reason for what he says, and to define what he hears. As an analytical treatise, Professor Flint's work ranks in the highest order of merit. To impress more forcibly on the mind, the various truths that is discussed, a recapitulation is given at the end of the detailed account of each important subject. And as from the former a conclusion might be formed of the efficiency with which the latter has been executed; we select the following extract which is a summary of the physical signs of phthisis.

"Diminished vesicular resonance on percussion at the summit of the chest, varying in degree from slight dulness to a near approach to flatness, present on one or on both sides, but in the latter case more marked on one side. The dulness, in general, proportionate to the abundance of the tuberculous deposit, increased sonorousness occasionally observed at the summit of the left side, due to transmitted gastric resonance. The sound tympanitic in quality and high in pitch; the vesicular frequently replaced by a tympanitic sound on either side when the sonorousness is not increased constituting tympanitic dulness; an increased sense of resistance in proportion to the amount of crude tubercle.

A tympanitic resonance over a circumscribed space at the summit, present and absent, at different examinations, in some cases presenting an amphoric, and the cracked-metal intonation, constituting the evidence afforded by percussion of the existence and situation of tuberculous excavations.

On auscultating the broncho-vesicular, and the bronchoid respiration, the latter denoting tuberculous solidification. Frequently with these modifications, diminished intensity of the respiratory sound; occasionally suppression of all respiratory sound; interrupted or jerking respiration. Exaggerated vesicular murmur on the side either healthy or least af-

fected; the crepitant, sub-crepitant, sibilant or sonorous mucous and crackling, or crumpling rales occurring as contingent signs, their significance dependent on their being found within a corner at the summit of the chest; abnormal transmissions of the heart sounds especially at the right summit, increased vocal resonance when situated on the left side of the summit; an acute and more or less intense souffle or bellows sound accompanying whispered words, especially if present, on the left side; bronchophony and occasionally transmission of speech, complete or incomplete, over tuberculous solidification; friction sound limited to the summit of the chest.

The cavernous respiration occasionally observed alternating with suppression, or gurgling, occasionally amphoric, and very infrequently, pectoriloquy, constituting the evidence afforded by auscultating the respiration of the existence, and situation of excavations; the characters of the cavernous and bronchial modifications of the respiration sometimes combined (broncho-cavernous respiration); splashing on impulse, seen and felt, existing within circumscribed space at the summit, signs of cavities furnished by the act of coughing; occasionally, when the cavity is very large, metallic tinkling.

By inspection, flattening or depression, at the summit, either confined to one side or more marked on one side than the other; the clavicle generally more prominent but occasionally receding with the ribs; diminished expansibility with the act of inspiration, the range of motion found to be lessened as well as size of the chest at summit, by mensuration.

Disparity at the summit of the chest in vocal fremitus, provided it be found to be greater on the left side. A splashing succussion sound in some cases of very large excavation."

XIV.—*The causes and curative treatment of sterility with a preliminary statement on the physiology of generation.* By Augustus K. Gardner, A.M., M.D., permanent member of the National Medical Association; fellow of the New York Academy of Medicine, physician for the diseases of women in the New York Northern Dispensary, &c., &c. New York, DeWitt & Davenport. 1856. pp. 163.

Obstetricians as well as others are fully aware of the great importance of the subject of sterility, and the necessity there subsists for being thoroughly versant with its manifold causes and their special treatment. Cases of the kind are by no means of rare occurrence and they gener-

ally present themselves to notice under circumstances of a most embarrassing and anxious nature. Thus perplexing on their own account; they are rendered, not unfrequently, still more troublesome by being through previous mismanagement, complicated with various accidents, the results of improper treatment at the hands of empirics. The volume above mentioned contains in a few short chapters a perspicuous and instructive account of the physiology, pathology and therapeutics of sterility: a study of which will tend to remove the difficulties, we referred to, on future occasions, when advice is sought for the remedy of this particular abnormality. So far as we know, Dr. Gardner's work is the best of those that have been written on similar subjects, and we will be disappointed if it does not obtain a rapid sale among the interested. The publishers are deserving of much praise for the finished way in which they have brought it out. The lithographs are highly colored and exhibit an artistic skill well worthy of attainment.

XV.—*How to nurse sick children.*—Intended especially as a help to the nurses at the hospital for sick children; but containing directions which may be found of service to all who have the charge of the young. New York: S. S. & Wm. Wood. Montreal: B. Dawson. 1855.

This interesting little handbook is well adapted, by the pithy and practical hints it contains, to give matrons and others, sound and valuable directions, about the management of their children, at that trying period of existence when

> "The human blossom blows, and every day,
> Soft as it rolls along, shows some new charm."

XVI.—*The dissectors manual of practical and surgical anatomy.* By E. Wilson, F.R.S., author of a system of human anatomy, &c. The third American from the last revised London edition. Illustrated with 154 wood engravings. Edited by Wm. Hunt, M.D., demonstrator of anatomy in the University of Pennsylvania. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856.

Taking the various dissectors, whether the Dublin, or Edinburgh, or London; the manuals from Holden downward; the guides either as the venerable Hooper or the younger Ellis; taking them "all in all we

ne'er" have "looked upon the like" of Wilson's manual as the embodiment of possessions that exactly suit and suffice the rising brood of Montreal anatomists. We do not speak *sine experientia*; but, most advisedly, after a mature consideration of the wants and services we have seen manifested in the dissecting room. Of kindred books one is too recondite, another too unmeaning, a third too singular, while all are too different in names and statements to the text of the popular work on descriptive anatomy. Wilson is already the usurper, and steps in again; for while he has served the closet student with all he can desire in his admirable "system" he affords the practical student its familiar companion in a suitable "dissector."

XVII.—*On the organic diseases and functional disorders of the stomach.* By George Budd, M.D., F.R.S., Professor of Medicine in King's College, London; late Fellow of Cain's College, Cambridge. Pp. 283. 1856. New York: Samuel S. & William Wood. Moutreal: B. Dawson. Quebec: Middleton & Dawson.

Headaches, their causes and their cure. By Henry G. Wright, M.D., M.R.C.S.L., Fellow Royal Med. Chir. Soc.; Physician to the St. Pancras Royal Dispensary. Pp. 140. 1856. New York; Samuel S. & William Wood. Montreal: B. Dawson. Quebec: Middleton & Dawson.

We have already given our opinion of the above works. The notice of Budd on the stomach will be found in the 12th number of our last volume. We have consulted it frequently and are able to assure our readers that the favourable impression of its practical character, which we received on our first perusal of the work, has only been strengthened by subsequent examinations.

The Messrs Wood have brought out an exceedingly neat copy of that excellent little monograph of Dr. Wright's on headaches. In the first number of the present volume we noticed the English edition, a copy of which was presented to us by the author. The American reprint is in every respect equal to the English edition, having, moreover, the additional recommendation of cheapness.

THERAPEUTICAL RECORD.

Chronic Bronchitis.—Morphiæ hydrochl gr 1.16 ter in die. As a preliminary step, all sources of irritation are to be attended to, especially

the liver, stomach and bowels. The Croton oil liniament was also efficacious.

Diarrhœa.—Tannin is usefully prescribed in this disease, exhibited in the state of solution with either the aromatic sulphuric acid or dilute sulphuric acid; it readily dissolves in these fluids, and the compound is productive of the most marked benefits.

Syrupus ferri iodidi.—The following is the most simple and convenient method. No fire is required, and the syrup may be produced as pale as water in 10 or 15 minutes. Iron filings, washed clean, gr. 126 or more iodine gr. 252; distilled water 2 oz. Mix together in a flask, shake until colourless and filter the solution into ℥x of thick simple syrup.

Vomiting.—Dr. Reynold's of Newbern, Ala., says that he has recently succeeded in arresting two cases of vomiting, which had resisted the usual remedies, by the administration of a teaspoonful of sublimed sulphur, The dose is to be repeated if immediately rejected.

Sore Nipples.—℞ ext. opii. gr. j; ligr. calcis ol amygdal aa ℥iij. Dip a piece of lint in the mixture and apply to the affected parts.

Anæsthesia by Carbonate of Soda.—A nail was removed while the toe was rendered insensible by this gas. The toe was placed in a large mouth jar and the gas generated. The vacant space between the toe and jar was filled up with raw cotton. In 15 minutes anœsthesia was produced, and the nail could be bent and twisted without causing the slightest pain.

Iodo-tannic fluid in Ulcers.—The following is especially indicated in atonic wounds and old strumous ulcers. Iodine 5 parts; tannin 45 are thoroughly rubbed together, and 500 parts of cold water are gradually added. This is filtered and evaporated to 100 parts. A stronger preparation is also formed by combining 5 parts of iodine with 10 of tannin and evaporating to 85 parts of water.

PERISCOPE.

Microscopy of the Kidney.—At the April session of the New York Academy, Dr. Isaacs read a continuation of his paper on the Microscopy of the Kidney, in which he proved still more decidedly than at the previous meeting, the fallacy of some of the physiological views of Bowman and other European authorities, and demonstrated to perfection the true anatomical and physiological relations of some important parts, especially the connection between the malpighian tufts and the uriniferous tubes. His investigations have settled this vexed question, so that there can no longer exist any doubt of their being anatomical connection and a direct functional relation between these two parts. He tied the renal artery of a cat, after putting the animal under the influence of chloroform, and was then enabled to see the passage of blood directly from

the capilliary tuft in the tube; and he has proved to exist, what others have denied, because they failed to see, the presence of nucleated cells upon the surface of the tuft, as well as upon the inner surface of the capsul of the tube, which embraces and covers the tuft. The cells of the capsule he discovered to be of a different chemical character from those of the tuft—as nitric acid, while it destroyed the former, had no effect upon the latter. Upon his inability to discover any cells upon the tuft, Bowman based his theory that the office of this congeries of capillaries was to separate water only from the blood; a theory which is subverted by Dr. Isaacs' discovery of cellular formation upon them. He furthermore demonstrated the presence of various substances in the tube, such as bile in a jaundiced person, and various salts which could only have got there through the malpighian tuft.

Pneumonia discussed in thirty-three Aphorisms.—The following condensed series of aphorisms are taken from the excellent work on Diseases of Nursing Children, by M. Bouchut.

Primary pneumonia, which is also called pneumonia d'emblée is rare in children at the breast.

Pneumonia usually follows simple bronchitis, or bronchitis complicating fevers, or acute febrile diseases.

Primary pneumonia is usually lobar.

Consecutive pneumonia is always lobular.

Lobular pneumonia is sometimes discrete, sometimes confluent.

The pneumonia of children at the breast is almost always double, and usually attacks both lungs.

Lobar or lobular pneumonia is observed under two anatomical forms, slightly differing as to structure; these are intra-vesicular and extra-vesicular pneumonia.

Intra-vesicular pneumonia, usually primary, leads to congestion and thickening of the walls of the cells of the lungs, with the formation of an internal plastic deposit, which constitutes the character of red and grey hepatization.

Extra-vesicular pneumonia, always consecutive, only produces congestion and the thickening of the walls of the pulmonary vesicles without fibrinous plastic secretion in the interior of these vesicles.

Chronic pneumonia, more common in the infant at the breast than in the adult, is always lobar.

Pneumonia often engenders the formation of fibro-plastic miliary granulations in the interior of the cells of the lung, in lymphatic and scrofulous children, or in the issue of parents tainted with scrofula.

The developement of lobular pneumonia is favored by the crowding of children in the wards of a hospital.

Ordinary and frequent cough, accompanied by fever and anhelation, should make us fearful of an invasion of pneumonia.

Expiratory groaning and jerking respiration is a certain sign of the existence of confluent lobar or lobular pneumonia.

Panting respiration, accompanied by a continual movement of the nostrils, is a sign of pneumonia.

Dullness of the chest is generally but slightly defined in the pneumonia of children at the breast.

When dullness of the chest exists in a young child with a very bad cold, pneumonia should be feared.

Dullness confined to one side of the chest in a young child rather indicates pleurisy than pneumonia.

The subcrepitant rale which accompanies the cough, the fever, and anhelation, confirm the diagnosis of confluent lobular pneumonia.

Bronchial respiration, which is rare in children at the breast, always belongs to lobar pneumonia, and sometimes to confluent lobular pneumonia.

Bronchophony, that is to say, the resounding of the cry, indicates that pneumonia has arrived at its last stage.

The exaggerated vibration of the thoracic walls at the time of the cries, indicates pneumonia, whilst their absence, on the contrary, points out the existence of pleurisy with considerable effusion.

The acute or moderate fever, at first continued, presents numerous exacerbations in the course of pneumonia.

Primary pneumonia, or d'emblée, is less severe than consecutive pneumonia.

Pneumonia consecutive to simple pulmonary catarrh is often cured.

Pneumonia consecutive to measles, scarlet fever ro small pox, is a very serious disease.

The pneumonia of children at the breast is especially, a serious disease, n consequence of the complications which proceed or follow its developement.

The pneumonia of children at the breast has a great tendency to pass into the chronic state.

The pneumonia which is consecutive to the developement of fibroplastic miliary granulations, or to tubercular granulations, is usually fatal.

Expiratory, groaning and jerking respiration, accompanied by movements of the nostrils, announces that the life of the child is in great danger.

The swelling and œdema of the hands, or of the feet, which comes on in the course of pneumonia, indicates an approaching death. (Trousseau).

The return of the secretion of tears, which has been suspended in the attack of pneumonia, is a good augury for its favourable termination. (Trousseau.)

One or two leeches at short intervals, several blisters in front of the chest and doses of ipecacuanha, are sufficient for the cure of simple acute pneumonia.—*Virginia Medical Journal.*

On Necræmia. By Dr. C. H. Jones, F. R. S.—This term is applied by Dr. Williams to that condition of the blood, in which it appears to be itself primarily and specially affected, and to lose its vital properties. It is, in fact, death beginning with the blood. The appearance of petechiæ and vibices on the external surface, the occurrence of more extensive hemorrhages in the internal parts, the general fluidity of the

blood, and frequently its unusually dark or otherwise altered aspect, its poisonous properties as exhibited in its deleterious operations on other animals, and its proneness to pass into decomposition, point out the blood as the first seat of disorder; and by the failure of its natural properties and function, as the vivifier of all structure and function, it is plainly the medium by which death begins in the body. The blood, the natural source of life to the whole body, is itself dead, and spreads death instead of life. The heart's action is faltering and feeble; the atonic vessels become the seat of congestions, and readily permit extravasations. The brain, insufficiently stimulated, after slight delirium, lapses into stupor; the medulla no longer regularly responds to the *besoin de respirer*; and the respiratory movements become irregular. Muscular strength is utterly lost; offensive colliquative diarrhœa, or passive intestinal hemorrhage often occurs; sloughing sores, or actual gangrene of various parts are easily produced; and putrefaction commences almost as soon as life is extinct. The track of the superficial veins is marked by bloody stains; hypostatic congestion takes place to a great extent; the blood remains fluid, and stains the lining membranes of the vessels. Rokitansky describes the blood as often foamy, from the developement of gas, and of a dirty red raspberry-jelly colour; its serum dark from exuded hæmatine; and its globules swollen up by endosmosis. Coagula are either totally absent, or are very soft and small. The exudations are of a dirty red—turbid, thin. There is scarcely any rigor mortis; the tissue of the heart and of other organs is flaccid and softened, and stained by imbibition of the serum. Gas is quickly formed in the vessels and in the areolar tissue, in giving rise to a kind of emphysema. It is remarkable that this necræmic condition, or one closely resembling it, may be brought on by violent shocks inflicted on the nervous system, as well as by any introduction of miasmatic or animal poisons into the circulation. Violent convulsions, overwhelming emotions, the shock of an amputation stroke of lightning, even a severe exhausting labor, are mentioned by the German pathologist as having produced this effect. More common causes are however, malignant scarlatina and typhus, yellow fever, the plague, and the disease called glanders. It may be said, generally, that the early appearance of sinking and prostration in any fever, indicates that the blood is thus seriously affected. We are ignorant what is the exact nature of the changes which take places in this condition of the blood.—Probably they are more of a vital than merely chemical kind—that is, they affect the properties of the blood more than its composition. The blood globules do not appear to be destroyed; but they circulate probably some time before death, as so many dead particles prove to be enlarged and to stagnate in the capillaries, and to part with their contained hæmatine. The fibrine is in great part destroyed; but how this comes to pass we are ignorant. We can perceive, on the whole scarce anything more than that the powers of vital chemistry rapidly decay, and those of ordinary chemical affinity supply their place.—[*Braith-waite's Retros.*]

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

ARE WE TO HAVE A MEDICAL CORONER FOR MONTREAL?

Are we to have a second Coroner? would probably be a more pertinent question. Some time has now elapsed since Mr. Coursol resigned the office, and, as yet, we have not heard who is destined to be his successor, or, indeed, whether he is to be succeeded by any one. We know that applications have been forwarded to Government by medical gentlemen of this city who, from their abilities, learning and scientific acquirements, would discharge the duties of the office with honor to themselves and benefit to the community. Not a whisper has reached us, however, as to what the intentions of Government may be. Surely they cannot have come to the preposterous conclusion that the largest and most populous city in British North America, is sufficiently supplied with one Coroner. Great as our faith is in the present healthy state of morals in Montreal, we are nevertheless obliged to confess that, if the duty be done thoroughly, there are a sufficient number of mysterious deaths to amply engage the attention of two Coroners. Toronto, we all know, is a wicked place, but Toronto with a fewer number of inhabitants than Montreal has now *four* Coroners. The "ancient capital" and other places, with far inferior populations, are supplied with two. Why then should this city have but one? It is unjust to the gentleman at present holding office that all the responsibility should be placed on his shoulders. He ought, we think, to protest against the longer continuance of this state of affairs, and urgently demand the appointment of a capable colleague. And that that colleague should be a physician, will, we are certain, be admitted on all hands. The recognition of the claims of the medical man to this office has been tardily recognized, but is now becoming universal. Soon Great Britain will have none but medical Coroners; and, judging from the last two appointments at Toronto, and numerous others lately made throughout the Province, it is evident that our own Government hold healthy views on the subject. Let them, therefore, appoint immediately a gentleman to fill the place vacated by Mr. Coursol, and let the gentleman selected be a member of the medical profession. By doing this they will exhibit in a forcible manner their anxious care for the interests of the public.

USEFULNESS OF THE COLLEGE OF PHYSICIANS, &c., C.E.

[The following letter reached us too late for present comment. Its subject is of immense importance to the profession, and can not be suffered to slumber in oblivion. It shall be known throughout the length and breadth of the land; and we will have great pleasure in again recurring to it, in the hope that the tree may yet bear fruit.—Eds. Med. Chron.]

A multiplicity of matter, unconnected, it is true, with those of a professional character, but requiring an extended correspondence, precluded me from acknowledging the receipt of your extremely well-conducted and interesting medical periodical; and I may add, from also addressing you an article for your next issue. You may, however, rest assured, that I feel a deep interest—an interest which ought to pervade the whole body of the profession in advancing by every possible means, the medical literature of our common country—in the absence of which our noble profession can never be elevated to that position and high consideration, which its importance, as well as usefulness, can so justly claim.

You may long ere this have observed the indifference and apathy with which—in a public point of view,—so important an institution as the College of Physicians and Surgeons, has been regarded—this, mainly, is not only to be attributed to the want of imparting to, and bringing the proceedings more frequently before the public; but to the operations being apparently, and merely, confined to an examining Board of Governors, into the qualification of candidates for admission to practice and study, —instead, as in other countries, of assuming a more enlarged range in the general interests of the profession, and in those hygienic measures which involve the public health and public safety, from those disastrous and calamitous pestilential and epidemic diseases, which have already, from time to time, invaded and decimated this Province, as well as the recommendation for legislative adoption of enactments for the better regulation and administration of Quarantine. And I regret that Dr. Morrin whose professional life (and in which we can never separate Dr. Wolfred Nelson, and our late President Professor Holmes, and others I would gladly name,) has been devoted to the public good, should not have persisted in bringing before the College, in a more ostensible form, his very judicious suggestions with regard to the above important subject. In England, France, and the Continent of Europe, where similar bodies (from being composed of men of the highest professional acquirements and intellectual character) are, at all times, fully recognised and consulted by Governments in all matters essential to the

protection of the public life and health, and whenever these are menaced with danger by the invasion of pestilential and malignant disease, I cannot forego for our own College of Physicians the same appreciation and regard, on the part of our Provincial Government, particularly as in the Prime Minister we have the advantage of possessing one of the most liberal minded gentlemen in the Province, formerly a distinguished member of the medical profession, and who has in every instance, in his legislative capacity, never lost an opportunity of promoting its interests and elevating its character. Our college would then take rank among the scientific institutions of the older countries. Let us not, however, despair.—With great regard, your very faithful servt.,

A. Von Iffland.

Grosse Isle, July, 1856.

MEDICAL NEWS.

During 1855, there died in Brooklyn, N. Y., 3893 persons; 424 of phthisis, 177 of pneumonia, 154 of croup, 286 of cholera infantum, 239 of scarlet fever, 48 of measles, 9 of small pox, and 61 of typhus and typhoid fevers.——In Buffalo there is a Spiritual Church where the new gospel is rapped out piecemeal. It numbers most of the homœopaths as members, the only female physician, and the residue is formed of similar heretics.——Mr. Owen has been appointed superintendent of the Natural History department of the British Museum, at a salary of £800; and Mr. Quekett, Professor of Histology, and Conservator of the Museum of the Royal College of Surgeons, London.——Hydrophobia has never been known to occur in Cyprus or Egypt. In Prussia, 1658 deaths have occurred from it alone in 10 years. Of the cases, the average length of sickness was 66 days; in two exceptions life was protracted to 365 and 360 days respectively.——Dr. Ramsay, editor of the late "Blister and Critic," was lately arrested on the charge of fabricating testimony in support of false pension claims. He procured $5000 bail, which was forfeited by his absconding immediately.——In the little town of Wick, England, there are 42 insane. Their imbecility is said to be caused by want of nourishing diet, and by frequent intermarriage among relations.——The entire collar bone has been lately removed by Dr. Blackman, U. S., for caries. The patient was able to attend to his business in 10 days. ——An Irish doctor advertises that the deaf may *hear* of him at a house in Liffy Street, where also his blind patients may *see* him from 10 till 3.——It is proposed to appoint inspectors of milk in New York city, to prevent the great adulteration which is practised there in this important article of diet.——A medicine has been lately advertised, of which *some* of the virtues are—"one bottle will cure a common pathology! one to three will cure *habeas corpus*! Four bottles will cure the under humor! Six to eight bottles will cure consumption, even if the lungs are gone! Nine bottles will cure aurora borealis! And to cure a broken bone, wash the parts well with the medicine! Price $1 per bottle; to the clergy, half price.——An eminent English physician states that among his female patients, tic doloureux, loss of eyesight and pain in the ear are complaints which have become very frequent in his practice, since fashion required the dressing of the back of the neck instead of the head.——The Boston Medical and Surgical Journal says that physicians are more moral than clergymen, and that the fact may be easily sustained by criminal statistics.——The Thomsonians are a-coming of it. In a late address, the speaker anticipated the day when "the banner of medical reform, which the immortal Thomson first unfurled, shall wave in triumph over the head of every opposition, and the proud and bigotted sons of the *allos-pathos* and *similia similibus* systems of medication shall have crouched beneath it, as did the mighty English lion at the feet of the American eagle." ——Ed. Thomas, a surgeon by profession, but for the past 20 years a pauper in Clerkenwell workhouse, and officiating therein as undertaker, was placed at the bar lately, on remand, charged with mutilating the body of a deceased pauper, by sawing off the head.——Mons. J. Sichel, the oculist at Paris, has been authorized to wear the decoration of commander of [Spanish] order of Isabel the Catholic.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

IX.—*Clinical Notes of cases treated in the Montreal General Hospital,* under the care of W. FRASER, M.D., Professor of the Institutes of Medicine, McGill College.

1. *Fracture of both thighs, one of them compound—secondary amputation of it, and resetting of the other twelve weeks after the accident—recovery without deformity of the latter.* Reported by Dr. R. CRAIK, House Surgeon.

James Gillard, an Englishman, aged 35, fell from the roof of a house on the 23rd February, 1856. He was engaged in clearing away ice and snow from the gutter, when he missed his footing, and fell to the ground, a distance of forty feet. His position at the moment of the fall was such that he alighted upon his feet, but the impetus was so great as to fracture both thighs, the broken bone of the left limb being driven through the skin. He was immediately removed to the Hospital and placed under the care of Dr. R. P. Howard.

On examining the limb, the left thigh was found to be fractured about its middle, and there was a wound communicating with the fracture on the outer side of the limb, through which the bone had been forced with such violence as to pass through two pair of trousers, which he had on at the time. The bone, however, had returned when the limb was restored to its proper position. There was much shortening, and the swelling was very great, owing, it was supposed, to the rupture of some of the small vessels. The right thigh was also broken about the middle, but there was no external wound. Besides the injuries to the limbs, his face was considerably cut, there being one wound dividing the alœ of the nose, and another extending completely through the under lip. These wounds were produced by his falling upon his face after the fracture of the limbs. The constitutional shock was great, but reaction was coming on before he reached the Hospital. It was first feared that

amputation of the left limb would be required, but after finding that the principal vessels were intact, and that the ends of the bone were in tolerable apposition, it was decided to make an attempt at saving the limb. Both limbs were accordingly put up with Desault's long splints, and extension kept up as firmly as possible. The wounds on the face were dressed and healed by the first intention in a few days.

The great swelling and tension which were present in the left thigh gradually subsided, and in a few days were replaced by a discharge of healthy pus. At the end of three weeks, all inflammatory action having apparently ceased in the right thigh, the long splint was removed, and splints of strong pasteboard, with starched bandages, were substituted. The long splint was reapplied for a few days until the starched bandages had time to stiffen. It was then removed, and the limb allowed to remain in that condition for seven weeks.

Notwithstanding the steady extension which was kept up upon the left limb, the fracture showed very little signs of union, the discharge continuing to be very profuse, and on introducing a probe, part of the bone was found uncovered. It was still hoped, however, that the dead bone would exfoliate, and the fractured extremities ultimately unite, and consequently he was given four ounces of wine daily, with beef tea, porter, and other nourishing articles of diet, for the purpose of keeping up his strength, which had begun to fail.

Ten weeks having now elapsed since the accident, and Dr. Howard being prevented by sickness from attending the Hospital, the dressings were removed from the right thigh by Dr. Scott, who had charge of the wards during Dr. Howard's absence. In the process of removing the bandages, &c., the thigh was found to be much wasted, and in consequence the splints and other dressings were somewhat loose. When the thigh was laid bare, although union seemed to have taken place sufficiently to allow of the limb being moved slightly, without any perceptible motion between the fragments, yet it was evident that things were not altogether in a satisfactory condition. There was considerable deformity, showing that the ends of the bone were not in apposition. Immediately above the knee was a remarkable hollow, a projection, as if the upper fragment were riding over the under fragment. On the outer and posterior aspect of the limb, there was another projection apparently of the lower fragment. He could raise the limb about three inches from the bed without assistance, but with considerable pain, and when he attempted to raise it higher, the pain was excessive. He could rotate it pretty freely. During the two weeks in which the limb was left uncovered, being at the same time stimulated by friction and liniments, very little improvement took place, and on one occasion, when the leg

accidentally slipped over the edge of the bed, he was unable to draw it in again without assistance.

On the 1st May, Dr. Fraser relieved Dr. Scott, and consequently took charge of the case. He found the left thigh discharging profusely, so much so that the patient's health was failing rapidly, notwithstanding the use of the most nutritious food which could be given him. Although the long splint was still upon the limb, he could not bear a sufficient degree of extension to keep the fragments in their places, and consequently there was some riding. On introducing a probe, a piece of dead bone was felt, about an inch and a half in length, apparently, upon the lower fragments. And as this piece of dead bone was in contact with the upper fragment, no attempt at union had taken place.

As it was evident that a piece of bone of that magnitude could not be separated before many weeks or even months, and as the discharge, which its presence kept up, was making sad havoc in his strength, it became a matter of serious consideration, whether the wound should be enlarged, the end of the bone turned out, and the dead portion sawn off, in the hope of speedy union taking place; or whether the doubt and difficulty of this process should be avoided by at once amputating the limb. At a consultation called for the purpose of deciding the above question, the latter expedient was resolved on as offering him a tolerably certain chance of life at the expense of his limb.

On the 8th of May the thigh was amputated by Dr. Fraser; the flap operation being selected as furnishing a better cushion for the end of the bone in using an artificial leg.

An examination of the bones after removal showed the utter impossibility of saving the limb, for a piece of the lower fragment, full two inches in length, was completely dead, and undergoing the process of separation a fossa of at least $\frac{1}{8}$ of an inch in depth, having been formed all round it. A portion of the upper fragment was also dead, and showing signs of separation. Scarcely any signs of callus were to be found, excepting one or two small exostotic projections which had been thrown out from the margin of the living bone. As there had been considerable riding between the fragments, two of these projections had been brought near to each other, and a small bridle or fibrous band was stretched between them, forming the only attempt at union which was to be found.

While the patient was still lying on the table, after the operation, Dr. Fraser's attention was attracted accidentally to the state of the right thigh, which had been in charge of an assistant during the operation. There was evident motion at the seat of the fracture, and the patient was totally unable to move the limb.

On a close examination of the seat of fracture, the fragments were

found to be riding to the extent of an inch and a half, the lower fragment passing upwards and backwards behind the upper one. Very strong extension was required to restore the thigh to its natural length and shape.

As it was not considered safe to use the necessary amount of force for resetting the limb so soon after the operation on the opposite thigh, it was allowed to remain as it was for a week, at the end of which time, the stump having progressed favourably, and the patient's strength beginning to increase, the pulleys were applied to the limb, and steady extension made until the broken ends were brought into accurate apposition.

The patient being, of course, under the influence of chloroform, the broken ends of the bone were then rubbed rudely against each other for the purpose of exciting a sufficient degree of action to secure permanent union of the fracture. Broad strips of adhesive plaster were next passed round the thigh, beginning at the seat of the fracture, and being drawn so firmly as to make it absolutely impossible for the ends of the bone to slip past each other. Strips of leather spread with soap plaster were placed firmly over these, and strong pasteboard splints then applied, the whole being encircled with bandages from the toes upwards. Desault's long splint was applied to the outside of the limb.

Care being taken to keep everything firm, the dressings were allowed to remain for five weeks, when the long splint was removed, the other dressings being allowed to remain a week longer. When the thigh was again bared, six weeks after the resetting, it was found perfectly straight, and quite firm, the patient being able to rotate it freely without pain. He was not permitted, however, to attempt to stand upon it for some time, and in order to give it support, temporary splints were applied and removed daily for the purpose of using frictions and the cold douche, together with passive motion to the knee, which was much stiffened from its long want of use.

There was nothing about the healing of the stump that deserves particular notice. The whole of the incision united by the first intention, leaving only a few small sinuses around the ligatures. A small abscess subsequently formed in the trajet made by the burrowing of the lower fragment, but a compress and bandage caused it to fill up in a few days. At the end of the seventh week the stump had entirely healed.

The right thigh continued to gain strength from day to day, and on the 14th of July he was discharged, being then able to bear the greater portion of his weight upon it, and at the present (21st August) he walks about lustily with the aid of crutches.

2. *Arthritis of hip-joint of eight months standing cured by the actual cautery.* Reported by Mr Thurlow Cunynghame.

Mary Griffin, æt 23, servant, healthy till present attack, which occurred during the month of October last, in the following manner. Being engaged in piling wood, she leaped from the top of the pile to the ground, which caused extreme pain in both her left hip and knee, the pain and stiffness in the former gradually increased till the month of January, when she was totally unable to walk, and consequently entered hospital on the 14th of that month, where she underwent a variety of treatment. On the first of May, when she came under Dr. Fraser's charge, her symptoms were as follows:—general appearance delicate, menses regular, constant pain in left hip, aggravated by slightest motion, by pressure over the great trochanter, and by striking the sole of the foot, nocturnal exacerbations of the pain and twitchings of the whole limb. There was no appreciable difference in length between the sound and diseased limbs.

From the 1st May to the 22nd June the following plan of treatment was adopted. The vicinity of the diseased joint was repeatedly cupped and blistered, a slight mercurial course, followed by one of iodide of potassium in a gentian mixture, were administered; and anodynes to relieve pain were given at bed-time. Under this treatment the pain of the joint somewhat diminished, pressure caused less pain. Still she could not move the limb without much suffering, and the nocturnal pain was as severe as ever, necessitating the continued use of anodynes which produced their usual after effect, sickness and loss of appetite. It was, therefore, determined to employ some more effectual remedy for arresting the disease, and the actual cautery was selected. Accordingly, on the 22nd June, the patient willingly consenting, was placed under the *influence of chloroform*, and the *skin behind the great trochanter deeply scored, both longitudinally and transversely, with the halbert shaped cautery.* Thanks to the anæsthetic influence of chloroform, not the slightest pain was experienced during this severe and much dreaded operation. Water dressing was immediately applied for a few hours and then poultices. The night succeeding the operation, the patient slept better than she had done for months previously, nor has she since experienced the least of the old pain, either in the hip or knee. The cauterized surface discharged freely, and so soon as the irritation caused by it subsided, the patient was able to walk about with a slight halt in her gait, and was discharged cured on the 29th of July.

Remarks.—The prompt relief afforded by the cautery in this case, (after the failure of the other remedies) clearly shows its superiority;

and the immunity from pain which chloroform affords during the application of this much *dreaded* remedy, removes the chief objection to its more frequent employment.

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3. *Schirrus of left breast removed by operation.* Reported by Mr Robt Anderson.

Mrs. Larocque, æt 44, admitted 30th April. Four weeks before admission, and immediately after having weaned her youngest child, then 3½ years of age, felt a hard tumor growing in left breast, which has increased slowly and steadily with very little pain and no constitutional disturbance.

In her general appearance there is nothing strikingly indicative of malignant disease. But the nipple is retracted, and the whole gland indurated, nodulated, and painful to pressure. Two or three of the glands in the corresponding axilla, are also enlarged, hard and painful when handled. Dr. Fraser remarked that the tumor had all the local characters of malignant disease, but that owing to the absence of *pain* and *constitutional* suffering, he would try the effect of discutient remedies.

Compression and iodine were those selected—after a month's fair trial it was found that they had rather aggravated than improved the disease. On the 31st of May, it was, therefore, decided in consultation, to remove the whole breast and corresponding indurated axillary glands, which was done accordingly on that day, the patient being under the influence of chloroform. Very little blood was lost during the operation, the greater part of the wound healed by the first intention, and the patient left the hospital with the whole completely closed on the 20th June.

A microscopic examination of the tumor and glands showed that both contained cancer cells in abundance.

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4. *Tertiary syphilis, cured by iodide of potassium, sarsaparilla, cod liver oil, and generous diet.* Reported by Mr. Thurlow Cunynghame.

John Anderson, æt 24, admitted May, 1856. About eighteen months ago, contracted a chancre, which was followed by bubo, sore throat, and cutaneous eruption, for which he was so severely salivated, that some of his teeth dropped out, and simultaneously he lost the whole of his uvula and soft palate. During the month of May, 1856, he entered the hospital under Dr. Fraser, suffering from an extensive eruption of a large and irritable form of prominent "rupia," ulceration of the interior of the nose and throat, severe nocturnal pains of the head and shins, with nodes on the latter.

His hair had partially fallen off, and he had an emaciated and sallow appearance. He was treated with iodide of potassium, gentian, sarsa-

parilla, cod liver oil, and generous diet. Conium was given for nocturnal pains. Under this treatment he rapidly improved and left the hospital apparently cured on the 14th July, 1855.

During the month of January last, the symptoms again recurred, for which he has been in hospital both in the United States and here.

Present symptoms.—Is emaciated in appearance, suffers greatly from severe nocturnal headache—has pain in the throat, and much difficulty in swallowing, every effort to do so being attended with spasmodic cough. The epiglottis, which can be distinctly seen with the aid of a spatula, has an irritable appearance, with abrasions of its mucous membrane. The whole of the posterior wall of the pharynx is in a state of ulceration, which gives his breath a most offensive odour.

Treatment.—The constitutional treatment was the same as that prescribed, when in this Hospital twelve months ago, and is stated above. The local treatment for the throat comprised the inhalation of conium and iodine. The application of a strong solution of nitrate of silver to the pharynx, and epiglottis every second or third day, and the frequent use of gargles of tannin. He rapidly improved, became stout, and was discharged on the 30th June, with all the symptoms for which he entered hospital removed; and expressing himself stronger and in better health than he had been since contracting the disease.

ART. X.—*Wound of the radial artery*, secondary hæmorrhage, ligature on the brachial artery, employment of the actual cautery. By S. J. STRATFORD, Surgeon, M.R.C.S., Lower Auckland, New-Zealand.

A man by name of James Tyler, residing in Albert street, Auckland, was killing a pig on the 10th day of February, 1856; the knife glanced, struck his left arm, wounding the radial artery about the middle of its course. It bled furiously; the man clapped his right hand upon the wound to stop the bleeding, and ran down to a medical practitioner's, a few hundred yards off. This gentleman dressed the wound by applying a compress of cork and a tight bandage. The compression caused intense pain and great swelling of the arm. Mr. Stratford was now sent for, but refused to interfere, but upon the repeated representation of its absolute necessity, he consented to visit the patient. It was found absolutely necessary to remove the bandage, to prevent rapid mortification. Upon opening the bandage, the artery again bled furiously. Mr. Stratford, with the assistance of Dr. Mathews, now put a ligature upon the bleeding vessel, tying the two extremities of the artery. It was mid-

night when the operation was performed, and although the areolar tissue was filled with blood, forced into it when the artery was under the compression of the cork, nevertheless, the artery was readily found and securely tied at both extremities, after which the wound was dressed and the arm bandaged.

The cure progressed favorably until the thirteenth day. Union by the first intention had completely healed the wound, except where the ligature was attached to the artery. About this period the man used improper liberties with himself, contrary to the advise of his medical attendant, who cautioned him that secondary hæmorrhage might possibly take place upon the separation of the ligature. It did so on the fourteenth day, and the bleeding from the artery was again profuse. The bleeding plainly came from the proximal extremity of the artery. Externally there was not the slightest appearance of anything like ulcerative action, consequently the secondary hemorrhage must have resulted from the imperfect closure of the artery, and the absence of a clot immediately above the ligature. The stream of arterial blood being maintained down the course of the artery to the wonnd by some large anastamosing branch, which was in all probability given off immediately above the wound. As the collateral circulation was now perfectly established, compression was attempted and repeated once or twice, but this was found of little use in permanently arresting the bleeding. The hæmorrhage invariably returned. The man described the feeling of a sudden rush of blood to the arm; and he knew this to be an indication of the retnrn of the hæmorrhage. It was found impossible permanently to restrain the bleeding by compression, consequently it was resolved to tie the brachial artery as it passes down the middle of the arm. Mr. Stratford, assisted by Dr. Mathews, cut down upon it, and placed a ligature upon the artery. The hæmorrhage, which was greater at the time, was now arrested, the wounds were dressed, and there was every appearance of the man doing well, for four days. On the fifth night, hæmorrhage again returned from the radial artery, to an alarming extent. During a sound sleep the artery bled profusely, so that upon waking the bed was found covered with blood. The bleeding had, however, been arrested by the fainting of the patient before the medical men arrived, every available medical gentleman being sent for; among these were Drs. Thompson, of the 58th Regiment, Philson, Mathews, Curtis, and Stratford; added to which, a person practising homœopathy, by name of Dr. Fisher, was amongst the number. It should be remarked that this individual, by his management, has so bewildered the public of Auckland, that he has placed the medical profession at an enormous discount,

has made a vast fortune in three years, having heretofore carried all before him.

Upon the arrival of Dr. Fisher, he pomposly demanded if Mr. Stratford would accept his assistance. Mr. Stratford replied that he would be happy for any reasonable assistance that was likely to benefit his patient, under such trying circumstances, and in so great emergency. Dr. Fisher gave it as his opinion that the tincture of arnica applied externally, and exhibited internally, would be sufficient to restrain the hæmorrhage from the wounded artery. Mr. Stratford declared that he would most readily attend to any reasonable suggestion, but as the experience of ages and common sense alike forbade him to expect any reasonable assistance in arresting the hæmorrhage from a blood vessel of the size of the wounded artery, he could not conscienciously trust the life of his patient to such frivolous means. He then took his departure, much to the gratification of the medical gentlemen who were present.

As it was possible that amputation might have been required to save the patient's life, every thing had been prepared, but upon opening up the wound no bleeding recurred at the present time, so it was resolved, on consultation again, to try compression and complete bandaging of the whole arm. This was accordingly done, and the arm laid out upon a pillow. The next day the arm appeared quite easy, and without any return of the bleeding, the second day also it was in a like condition, but at this time the man's wife declared that Dr. Fisher had been three or four times to the house without having been sent for, and had persuaded the patient to allow him to apply the tincture of arnica outside the bandage, which he promised would heal the wound and prevent further bleeding. Upon this declaration Mr. Stratford felt hurt, and left the house. About noon Dr. Fisher sent the man's wife to Mr. Stratford to enquire if he had given the patient up. Mr. Stratford replied, by no means, but that Dr. Fisher took the case out of his hands, and any thing that he did must be on his own responsibility. Dr. Fisher did not desire to turn Mr. Stratford away, but wished him to dress and attend to it still, but he only wished to try his arnica. Mr. Stratford declared that he could not consent to be the tool of any man, especially one practising such arrant deception as Dr. Fisher; what was more, Mr. Stratford could not consent to degrade the holy profession of surgery, which he regarded under Providence (next to religion) as the greatest boon of God to man, by any such unnatural association.

Matters went on pretty well for five days, save that the arm now began to swell and smell very offensive, not having been dressed since the bandage and compress had been applied by Dr Stratford. From dire necessity Dr. Fisher was compelled to open up the bandage, as fresh dressings to the

wound couldno longer be delayed. The arm now left to itself, without any support, the bleeding soon again returned, and so furiously that the life of the man was despaired off. Mr. Stratford was again sent for. It was clear that the man could not spare any more blood, and having refused to submit to amputation, which, at the present moment, would have been of very questionable utility, for had he lost only a small quantity of blood during the operation, it would, in all probability, have deprived him of his life, Mr. Stratford pointed out to him that there was one more remedy left that might possibly permanently arrest the hæmorrhage, and that was the actual cautery. This the patient agreed too. Irons heated to a white heat were freely applied to the bleeding surface. To say that they were applied to the bleeding artery, was a fallacy; for when the small opening through which the blood issued had been slit up with a bistoury, the blood seemed to ooze from all parts of a small cavity. After the application of the heated irons, a graduated compress was applied to the part, and the hand bandaged from the extremities of the fingers. The bandage was removed on the second day, good healthy pus was present. No further hæmorrhage recurred, the wounds rapidly healed without any bad symptoms.

The ligature upon the brachial artery did not separate until the 24th day. None of that coldness incident to a ligature upon the main artery was to be observed in this case, depending, in all probability, upon the collateral circulation having been finally established in the lower part of the arm after the tying of the radial artery. The man bids fair to regain the use of the arm, which, although greatly debilitated, is clearly gaining strength.

It is scarcely possible to imagine a stronger case illustrating the danger of trusting to homœopathic remedies in wounded arteries. That the arnica may act as an astringent in the simple case of bleeding from minute vessels has been taught for ages, but if any individual in the present day should presume to trust to it in bleeding from a large blood vessel, it would argue a want of knowledge and indicate a rashness inconsistent with the safety of the patient.

In this instance the tincture of arnica was applied to the bandages and not to the wound; given internally in extremely minute doses, it was likewise valueless in so severe a case of hemorrhage. The absurdity of these minute doses would be plain to any man who would condescend to think upon the subject. Ancient history and modern experience alike point to certain effects produced by a dose of the tincture of arnica. If, for example, a drachm dose of tincture of arnica be given and it produces certain effects, you can mathematically calculate the effects of 1.50th of a drop, which must amount almost to nothing; but says the

homœopathist, with a strong perversion of truth and common sense, the more minute the dose the more powerful the effects; if so, gentle reader, tremble for the effects when the dose amounts to *nil*, it then must be desperately powerful or absolute humbug. Let common sense decide.

X.—*Dysmenorrhœa and sterility*, their pathology, treatment and cure. By J. C. Lee, M.D., of London, Canada West, late Physician and Surgeon to the New York Dispensary; Fellow of the Academy of Medicine of New York, &c., &c.

Of all the affections to which the human female is liable, there is perhaps none which is more common or more harassing than this.

At the return of each monthly evacuation the subject of this malady experiences an intensity of pain very similar to, and scarcely exceeded by, the efforts of the womb at the time of labour. It has, therefore, very properly received the name of dysmenorrhœa, painful or difficult menstruation.

Indeed, with some individuals, the pain, on these occasions, is so severe, that a great part of their lives is rendered miserable; and hysteria, of the very worst description, is one of its common accompaniments. Doctor Waller, of St. Bartholomew's hospital, in his description of this affection, states that, "the evacuations, though regular in point of time, are nevertheless often very deficient in quantity. With some individuals there is almost no menstrual secretion at all, but in its stead shreds of a tough thick membrane are discharged, very much resembling fragments of the *tunica decidua* of pregnancy, in the discharge of which the uterus generally acts forcibly as in labour." To these symptoms we can liberally subscribe, having witnessed a large number of similar cases during an eight years' practice in the New York Dispensary. It is also worthy of remark, that though there is little or no menstrual flow, there is generally more or less blood discharged with the membranous expulsion. These membranous shreds are of very different sizes, varying from a mere shred of the size of a small straw to that of a fleshy apparently torn membrane, of the size of two or three fingers. They sometimes pass away almost entire, presenting much the same appearance as the deciduary membrane of a six weeks or two months impregnation.

When true conception has taken place, and is followed by a miscarriage within a month or six weeks, it is not at all uncommon for the membrane to pass away unruptured, containing the *fœtus* and *liquor amnii*.

Two such specimens we have now in our private museum.

In the Museum of McGill College, Montreal, there is also a very beautiful specimen of the same description.

But in dysmenorrhœa, this membrane is always ruptured, and the liquor amnii (if it ever was contained within it) has escaped.

That this membrane may be formed within the uterus, independently of sexual intercourse, the numerous cases presented to our notice are quite sufficient to prove; for in many instances the parties labouring under this disease, were so situated as to render it next to impossible for sexual intercourse to have taken place between the intervening paroxysms. On a careful examination these membranes will be found to be quite smooth on one side, while the other will present a rough and ragged appearance.

It is generally understood that conception cannot take place while the uterus is labouring under this difficulty. This, as a general rule, we believe to be true. Yet we do occasionally find a female who will inform us, that from the age of puberty to that of thirty or forty she has been a martyr to this malady; notwithstanding she has been married in early life, and has had numerous miscarriages, or perhaps she may present to our notice a living specimen or two of her ability to bear children. And yet her troubles are continued to the present time with as much severity as if conception had never taken place. Such cases could not have presented themselves to the notice of Dr. Denman, who appears to have paid much attention to this variety of dysmenorrhœa, for he asserts that "no woman in the habit of forming this membrane has been known to conceive whilst such habit exists."

To this opinion our experience would decidedly be opposed. But we would rather be inclined to agree with Dr. Waller, who states that, "where impregnation takes place, and especially if the female should proceed to the full term of utero gestation, a radical cure may, with some degree of confidence, be anticipated, the process of child-bearing effecting so complete a change of action in the vessels of the menstruating membrane, that they afterwards perform their office with regularity and without pain."

That conception under such circumstances is rare, no one acquainted with this disease will pretend to deny, but that it may and does sometimes occur during the existence of dysmenorrhœa, our own experience, together with many well authenticated cases, which might be quoted from others, is quite sufficient to prove.

Doctor Waller has therefore very justly observed that, "if conception could, with any degree of certainty, be calculated upon, there would be no objection, but on the contrary every thing to encourage a recommendation which has been considered by many as a likely method to obtain

a cure, viz.:—that the female should change her sexual condition. It happens, however, unfortunately, that women suffering under dysmenorrhœa attended with membranous formations, do not conceive so readily as those whose monthly secretion is properly and regularly performed. Still, exceptions to this general rule are sufficiently numerous to induce us to pause before pronouncing irregular menstruation to be an obstacle to marriage."

Many of the symptoms of this form of disorder, especially the expulsion of membrane, accompanied with the bearing down pains, the discharge of blood, &c., so nearly resemble the symptoms of miscarriage, that this mistake might easily be made. Should there, however, be any cause for doubt on this subject, an examination per vaginam would at once settle the question; this, of course, should be done with all the delicacy and precaution which the nature of the case will admit of, and the simple touch of the finger is all that would be required.

By this means an experienced practitioner cannot easily be mistaken; for in all known cases of miscarriage, even at the very earliest stage, the os uteri, will be far more dilated than in any case of dysmenorrhœa which has ever come under our observation.

If a miscarriage has taken place, even within the first month of pregnancy, the os will be sufficiently dilated to admit the point of the finger.

This condition of the os we have never been able to detect, in a case of confirmed dysmenorrhœa, even immediately after the expulsion of the membrane, except where the female had previously conceived.

On the contrary, we have uniformly found a firm contraction of that organ, so much so, indeed, as to render the fissure between the lips almost imperceptible.

As a general rule, however, the os in this disease, especially where conception has never taken place, is hard and round, presenting a sensation to the finger, somewhat resembling the small end of a pear after it has been divested of its stem.

It would appear strange that the discharge of a membrane so nearly resembling the deciduary, should not produce a similar dilatation of the os and cervix; but such is not the case, for no sooner is the false membrane cast off than the os is again contracted to its original cartilaginous condition, and it is only in cases where a fœtus has actually been delivered that this change takes place.

Therefore there can be very little difficulty in making a correct diagnosis between a miscarriage and dysmenorrhœa. But great precaution should be observed on the part of the physician, should the patient be unmarried, not to pronounce that a miscarriage had taken place, unless

the fœtus should be actually detected, as such an opinion would be fatally injurious to her reputation.

Doctor E. J. Tilt, of the Farringdon General Dispensary, and the Paddington Free Dispensary for diseases of women and children, Eng., in his observations on dysmenorrhœa thus expresses himself,—"The frequent dependence of painful menstruation on sub-acute ovaritis, has been generally recognised, and is now admitted by Drs. Oldham, Rigley, Ashwell, Coley, and others too numerous to recount.

The action of sub-acute ovaritis, in the production of dysmonorrhœa, is two-fold.

First,—Sub-acute ovaritis, may of itself produce dysmenorrhœa, as a simple result of the process of morbid ovulation, and not by the agency of any appreciable inflammation of the womb or its neck, and without any appearance of false membrane in the catamenia. This is what we have seen and believe to be frequent. *Second*,—Ovaritis, as Dr. Oldham has well shown, often causes dysmenorrhœa by determining hypertrophy of the uterus, inflammation of its neck, and a diptheritic exudation from its mucous surface.

We know that the ovaries, in virtue of their governing influence over the uterus, induce periodically a state of vascular turgescence in the walls of this organ, and it is not surprising to find that ovaritis frequently induces the exaggeration of this physiological state, on the inflammation of the inner surface of the womb and its neck; thereby transforming the thin transparent mucous membrane of the womb into a thick soft cribriform membrane, and producing the retention or painful excretion of the catamenia, which are mingled with pseudo deciduary membrane."

The same views are entertained by Doctor Oldham, who states that, "the uterine decidua is formed under the influence of an action going on in the ovary, so that membranous dysmenorrhœa is not primarily an affection of the womb, but of the ovary.

In healthy menstruation, the congestion of the ovary, the engorgement of the womb, and the flux of blood, are all in harmony. But when the ovaries are unduly excited, as from the prevalence of one or more of the numerous ways in which sexual feeling may influence them, then the uterine glands sympathetically enlarge, the lining membrane of the womb becomes raised, and the body of the womb swells out.

This change in the mucous membrane goes on during the interval between the monthly periods, and when the flow begins, the new formation is cast off, and the uterus in the act of detaching and expelling it becomes the seat of very painful contractions."

In describing the functional causes of sub-acute ovaritis, Dr. Tilt alludes to sexual intercourse.

"The excessive use of this stimulus, says he, is not unfrequently a cause of sub-acute ovaritis in newly married women, as the effect of the first impression, of a novel stimulus and its imprudent indulgence; but it is more especially the sequel of the culpable and inordinate exercise of intercourse as seen in women in every respect unfortunate."

Walter and Renaudin state as the result of their experience, that "the ovaries of prostitutes are seldom without some morbid lesions," and Dr. Oldham has lately confirmed their assertions by describing these lesions as those of ovaritis.

The privation of sexual stimulus, says Dr. Tilt, "is no doubt a cause of certain forms of sub-acute ovaritis; whether we consider its absolute privation in healthy women, whose feelings and passions are strong, or its sudden denial to those accustomed to its indulgence, as in young *widows*, whom *Hildenbrand* considers to be often attacked with this complaint; or as in *prostitutes* when placed in confinement. Marriage late in life is sometimes of itself a sufficient cause of sub-acute ovaritis.

It seems as if the ovaries having been debarred their proper stimulus when most needed, become so accustomed to the privation, that when this stimulus is at last presented to them, it produces a morbid impression."

Many other predisposing causes of sub-acute ovaritis, as productive of dysmenorrhœa, might be quoted from Doctor Tilt's valuable work; such, for instance, as exaggerated impulses of unsatisfied desires, which are widely excited by thoughts, books, pictures, conversation, music, and the fascinations of social intercourse. But let these suffice. That these are all capable of producing sub-acute ovaritis, no one will attempt to deny; but that that condition of the ovary is a necessary concomitant to dysmenorrhœa is a subject that will admit of some farther consideration. In this state of the ovary it would not appear strange that the patient should be afflicted with hysteria, but hysterical patients are by no means always subject to dysmenorrhœa.

It is a well known fact that sub-acute ovaritis, may exist independently of dysmenorrhœa; for in cases where one or both ovaries have been known to be in a state of sub-acute inflammation and enlargement so much so, indeed, as to render these quite perceptible to the external touch, menstruation has been performed with as much regularity, and as free from pain, or pseudo membranes, as if the ovaries had been in a perfect state of health.

We well recollect the case of a coloured woman in New York, who

was the subject of a *fibrous encysted tumor* of one or other ovaries, with which she had been afflicted for years. Being professionally called to the same house, she, though the patient of another, gave us voluntarily, a brief history of her case, by which we learned that she had been quite regular with her catamenia, during the whole course of her troubles with this disease. And her size at this time was almost beyond credence.

To speak within bounds, she would have measured more in circumference than a beer barrel, or perhaps as much as a hogshead. She had not been able to stand, or turn herself in bed for years.

This is one instance at least (and many more might be quoted of the same character), where the mucous membrane and vessels of the uterus did not sympathize with the diseased ovaries.

(To be continued.)

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XVIII.—*The microscope and its revelations.* By William B. Carpenter, M.D., F.R.S., F.G.S., Examiner in Physiology and comparative Anatomy in the University of London; Professor of Medical Jurisprudence in University College; President of the Microscopical Society of London; &c. With an appendix containing the applications of the microscope to clinical medicine, &c. By Francis Gurney Smith, M.D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, &c. Illustrated by four hundred and thirty-four engravings on wood. Pp. 724. 1856. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

In a new country like Canada, where each person, no matter what his profession or calling may be, has to toil unremittingly for the mere necessaries of life; where there are few old and wealthy families, and where there are few richly endowed educational and scientific institutions, much time and attention cannot, necessarily, be devoted to the pursuit of purely scientific objects. Whilst this will be admitted on all hands, it will, we conceive, be as readily conceded, that the number is very small, particularly among professional men, who cannot find leisure moments either to make themselves acquainted with, or to prosecute inquiries into, some one of the numerous departments of natural science. The medical profession which, before all others, should cultivate in themselves and strive to develop in others, a taste for the study of nature

and her mysterious operations, or we ought rather to say, the evidences of the supreme wisdom of the great architect of the universe, manifested in the operations of nature, has hitherto exhibited great indifference in the matter. This, however, has not arisen so much from an inappreciation of the enlarging and ennobling effects of such studies on the mind, as from inability, either to pursue them successfully themselves or direct others in their pursuit. Until very recently no complete course on natural history was within the reach of those who were obliged to complete their studies in the colleges of our own country. Hence, the knowledge of zoology, comparative anatomy and botany, was confined to the comparatively few who had completed their professional education in the old established schools of the mother conntry. Now, however, and it delights us highly to record it, this is no longer the case. Every student of medicine has an opportunity, without leaving Canada, of obtaining a thorough knowledge of the principles of natural science. McGill College has now a professorship of Natural History, filled by a gentleman, Prof. Dawson, who is not only thoroughly acquainted with his subject, but is so deeply imbued with a love of it that he is certain to awaken an interest for natural studies in the breasts of all who come within the reach of his influence. We attended a number of the lectures delivered last session, and nothing pleased us more than to observe the deep interest with which the medical students listened to the learned expositions and descriptions of the eloquent lecturer. For in this we saw a good augery for our country. Those young man, their collegiate studies completed, will scatter themselves throughout the Province, many, we hope all, carrying with them an undying love for the study of natural history. And who shall say that we will not soon witness pleasing results, in numerous and important additions to our present imperfect knowledge of the Fauna and Flora of Canada. "The harvest truly is great, but the laborers are few."

The microscope is an indispensable instrument to the student of medicine or the student of nature. It is one, however, which cannot be used with any degree of success unless it be thoroughly understood. The work of Dr. Carpenter is the most complete treatise on the microscope in the English language, and should be carefully studied by all who desire to become perfect in the use of this invaluable instrument of scientific research. "It has been the author's object throughout, to guide the possessor of a microscope to the *intelligent* study of natural history, that his individual tastes may lead him to follow out, and his particular circumstances may give him facilities for pursuing. And he has particularly aimed to show, under each head, how small is the

amount of reliable knowledge already acquired, compared with that which remains to be attained by the zealous and persevering student."

Dr. Carpenter has purposely omitted to notice, in the English edition, the application of the microscope to clinical investigations, in consequence of there being two excellent manuals published in England on this subject—those of Beale and Bennett. As these works are not readily accessible to the American and Canadian student, Dr. Smith has, by writing an appendix on the microscope as a means of diagnosis," supplied what would otherwise be felt as a want on this side of the atlantic.

Messrs. Blanchard & Lea have brought out the work in first-rate style. When we first took the book in our hand, we certainly thought, from its weight, that it was an English work. The paper is clear and good, the typographical execution excellent, and the wood cuts reflect the highest credit on American art.

XIX.—*Human Physiology.* By Robley Dunglison, M.D., L.L.D., Professor of the Institutes of Medicine in Jefferson Medical College; Vice-President of the American Philosophical Society, &c. &c. With five hundred and thirty-two illustrations. Eighth edition, revised, modified and enlarged. In two volumes. Pp. 729—741. 1856. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. Quebec: Middleton and Dawson.

There is no branch of Medical Science which is undergoing more rapid change than physiology. What was formerly, by reason of the meagreness of existing knowledge of the subject, a slight task to the student of medicine, has within the last few years become so extended that it forms one of the most difficult of his studies. Discovery has followed and is following so quickly after discovery, it demands constant and active attention to keep up with the results of the experiments performed by the numerous investigators into the tempting field of physiology. The extent and importance of the science of biology in the year 1856, may be correctly estimated by a careful perusal of Professor Dunglison's two large volumes. It is an able encyclopædia work—a perfect reflection of physiology as it is, displaying, on the part of the author, extensive research and great powers of discrimination. "On the whole subject of physiology proper, as it applies to the functions executed by the different organs, the present edition, the author flatters himself, will be found to contain the views of the most distinguished

physiologists of all periods. The contributions to the science of life have, of late years, been rich and varied; and to collate and weigh them, and to separate the most trustworthy and valued, has been a work of no little discriminating labor,—but to the author a labor of love, inasmuch as they are subjects which he has been long accustomed to investigate; and on which he has annually to treat before the class of Institutes of Medicine in the Jefferson Medical College. The rich collection of materials in the possession of his publishers has enabled him to increase greatly the list of his illustrations, and to substitute in many cases better; whilst new cuts have been added, so as to make the whole number five hundred and thirty-two, in place of four hundred and seventy-four, as in the last edition. The author need scarcely add, that no pains have been spared by him to make the work a complete expression of the science of the day."

XX.—*Ueber Resectionen und Amputationen.* Von Dr. J. F. Heyfelder ober chirurg des Russichen Armée in Finland, o. o. Professor der Medicin, Director des Universitäts, Krankenhauses, und der Chirurgischen Klinik, o. Mitgliède des Medicinal Comités an der Universität Erlangen, &c., &c. Mit Anermerkungen, von Dr. Oscar Heyfelder, privat dozent an der Universität Munchen, &c., &c. Breslau und Bonn: Für die Academie in Eduard Weber's Buchhandlung in Bonn.

The mere mention of a work by Professor Heyfelder, would, in Germany, be sufficient to ensure its rapid transference from the shelves of the publishers, to those of the members of the profession. Occupying, for many years, a professor's chair in the ancient and truly German University of Erlangen; director of its hospital and surgical *clinique*; and with a *renommée* as a surgeon and pathologist deservedly extended, Dr. H. has had unusual facilities for the elucidation of the subject of which the work before us treats. At the outbreak of the late war, he was invited by the Czar Nicholas to assume the duties of Surgeon General to the Russian army in Finland. Since that period, until the recent cessation of hostilities, he has had ample, alas! too ample opportunities for the prosecution of his investigations. He was present, in his official capacity, at the bombardment of Sveaborg, and the result of his experience *there* is furnished by his son in the form of annotations.

Of the work itself, although, as we might *a priori* expect, of the highest order of merit, it is needless (as it appears in a language foreign

to many of our readers) to say more at present, than that it well sustains the hard won reputation of its author. Upwards of 200 authorities are cited; it contains 260 large folio pages,—176 being devoted to resection, and 93 to amputations,—and is embellished with four engravings on stone. It has already been translated into Russian and Spanish, and we hope soon to have an opportunity of welcoming it in an English garb, a translation from the German, having, at the request of the author, been undertaken by Dr. Hingston of this city, who, during his residence in Europe, in 1851–2 and 3, had become intimately acquainted with the author. Dr. H. is well known to our readers as the writer of several communications of great interest and deserving merits, which have from time to time appeared in this journal; and we are glad to find that his literary attainments are highly appreciated in the mother country where he is also known as a contributor to the original department of the *Glasgow Medical Journal*, at least, so we judge from a handsomely eulogistic notice of one of his latest productions, which we had the pleasure of seeing a few weeks ago, in the *Glasgow Constitutional* newspaper. All these foreshadowings augur well, and we hope ere long they will be followed by an excellent translation designed to be a mark still more monumental of the Dr.'s talents and industry.

XXI.—*A practical treatise on the diseases of the testis, and on the spermatic cord and scrotum.* With numerous wood engravings. By T. B. Curling, F.R.S., Surgeon to the London Hospital; Professor of surgery to the London Hospital Medical College, President of the Hunterian Society, London, &c. Second American, from the second revised and enlarged English edition. 1856. Pp. 419. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Mr. Curling's work on the diseases of the testis and of the spermatic cord and scrotum has now been before the profession for upwards of twelve years, and during that period has been deservedly regarded as an authority on the subject. In the present edition "some new chapters have been added; many have been re-written or altered; and, it is hoped, that nearly all of them contain additional facts of practical interest and importance." The anatomical introduction has been omitted by the author in the English edition, in order to accommodate his numerous additions; but, "by a different typographical arrangement of the American edition, space has been found for this valuable section

without enlarging unduly the size of the work. And accordingly such portions of it have been retained, as had not been introduced by the author in various chapters throughout the volume."

XXII.—*Digestion and its derangements.* The principles of rational medicine applied to disorders of the alimentary canal. By THOMAS K. CHAMBERS, M.D., fellow of the College of Physicians, Physician to St. Mary's Hospital and Lecturer on the practice of medicine at St. Mary's Medical School, London; author of "Decennium Pathologicum," &c. New York: S. S. & W. Wood. Montreal: B. Dawson. Quebec: Middleton & Dawson.

What a wonderful organ is the stomach! Viewed in health, how it commands the admiration of the observer. Attacked with disease what messengers of sharp keen anguish it sends forth. How manifold are its bountiful blessings, and what sad wants are felt when they are lost. Who can consider its construction without being most deeply impressed with its displays of infinite skill, matchless perfection and incomparable wisdom.

Take but a single illustration. Within itself the stomach contains an innumerable multitude of little cells that densely stud its lining membrane; these consist of decimal depressions of this structure which do not average in diameter more than about 1-2000 of an inch, and do not descend to a lower level than the 1-8th or 1-6th of an inch below the surface. They are alike,—they express a complete unity of design, and pourtray an architecture wherein is an exquisite adaptation of similar means to a common end. Still each is in itself a microcosm; endowed with a perfect entity, an individual existence, and a regular function. And every cell, notwithstanding its diminutiveness, is yet in its own way as important an organ as the liver, being supplied with proper arteries, veins, lymphatics and nerves—still more tiny than itself, reposing in a bed of areolar membrane of the finest down, and holding connexions with contiguous parts in its vicinity. With this mechanism it is enabled to discharge a function as necessary to our well-being as that performed by the kidneys, depurating the mass of blood, abstracting secernent materials, and elaborating an essential juice for secretion. Still more astonishing,—these exiguous factors go on working for a life time, years upon years multiplied together, faithful to the original fiat which implanted vitality amidst their elements. Could it be believed by abstract reasoning that microscopical creatures, such as they, would

accomplish so much, indeed, that they could perform anything at all? Truth answers no, and has to learn her lesson of the fact from experience. And then she sees them at labor, struggling as it were against the most powerful opposition, and in the end always triumphant. Daily overwhelmed with accumulated food of every mixture, they set to work, attack and reduce it to a homogeneous like mass; exercising their local minds, with one hand they abstract invariably the elements of a uniform secretion, with unfailing precision, and by the other conform special proximate principles to particular transformations, equally constant and exact. Often called upon to contend against adverse circumstances, they overcome the impending obstruction by an endowment of endurance and resistance. This is well seen when wrestling, as they are often obliged, with errors of diet. Drenched at other moments in alcoholic stimulants, so combustible as to char the liver, these cells, even then, escape and witness their privileges in their exemption. Hourly subjected to vicissitudes of temperature—to depressions and elevations —the most extreme in variation, yet they know no harm; their watchful Archœus guards them, and the cause that applied through the skin subjugates the body, leaves it still in health, and retreats powerless from an attack on their defences.

If, now, our search went further into the histology of the stomach, how many more wonders besides these of the cells would be found, which are admitted to be known! And then when all had been told, the final discovery would advance that there yet remained behind greater marvels, which were hidden, and that both in the revealed and occult were buried profound designs far past our understanding. For human inquiry, with every aid, though prosecuted for centuries, reaches its culminating point in the humiliating conclusion that its perceptions are few and its attainments still less. Sufficient is disclosed to turn the student from the beauties of creation to the contemplation of her Omniscient Maker. Because

> "Nature is but the name for an effect
> Whose cause is God."

While the deficiencies of knowledge find an alleviation in the hope, which carries the eye of faith to a far off land, and whispers to the heart, "now I know in part; but then shall I know even as also I am known."

Wonderful as is the stomach in health, it is not less amazing in disease, and to all who would acquire a thorough knowledge of it in this latter state, we recommend to their notice the present volume of Dr. Chambers, from an examination of which we have derived both information and gratification. The morbid changes described are nume-

rous, forming a complete system of gastric affections; several are the more interesting from being but scantily treated by some previous writers, and entirely neglected by others, as, for instance, paralysed secretion mucous secretion, chronic excess of epithelium, changes in the mucus of the alimentary canal, changes in the water circulating through the mucous membrane, catarrh, muscular atony, defective absorption, intestinal struma, &c. The morbid states of the duodenum, colon, liver and stomach, affecting digestion, also receive attention. In conclusion, we would remark, the volume abounds with originality, as was, indeed, to have been expected from a physician of such eminence as the late Dr. Chambers, who is not so much notorious for having had for years the largest practice in England, as for having been one of the most diligent cultivators of pathological medicine in the United Kingdom. Verily his "decennium pathologicum" is a monument *perennius auro*.

XXIII.—*New remedies*, with formulæ for their preparation and administration. By Robley Dunglison, M.D., professor of Institutes of Medicine, &c., in the Jefferson Medical College of Philadelphia. Seventh edition, with numerous additions. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The practitioner will find this an excellent collection of the additions recently made to pharmacology, of the actions, uses, doses, and modes of administration of medicines, either lately discovered or else known for some time but latterly employed in cases of disease that had never before been prescribed for. We cordially recommend it to his notice, assured it will be welcomed as an addendum to his literary stock, full of most valuable information for all practical purposes. It is a digest of the matter distributed over an immense range of home and foreign periodicals devoted to the culture and advancement of medical science. To those who desire to keep *au courant du jour* in practical therapeutics this work will prove a most useful aid. For this object each edition should be subscribed to as it appears, inasmuch as the latest contains an account of all novelties that have been written upon since the issue of its predecessor. These, from the extensiveness of the scope it includes, are necessarily numerous and entail an omission of the descriptions that are oldest, in order to preserve the volume from attaining too bulky a size. The chief medicines that have obtained a place for the first time in this—the seventh edition—are apial, caffein, carbazotic acid, cauterization, and catheterism of the larynx and trachea, cedron,

cerium, chlorid of bromine, chloride of iron, chloride of sodium, cinchonicine, cod liver oleine, eau de pagliari, galvanic cautery, hydriodic ether, hyposulphite of soda and silver, inunction, iodide of sodium, nickel, permanganate of potassa, phosphate of lime, pumpkin, quinidia, rennet, saccharian carbonate of iron and manganese, santonin, tellurium, traumaticine. Some of them are not new medicines but are introduced because they have lately been put to new uses. The sources from which the information has been gathered are very numerous, and the labors of the compiler appear almost Herculean. Upon becoming acquainted with them, we are left to wonder how one man could have achieved so much—the more so, as it has been attained in the midst of a number of other engagements; for besides the more pressing duties of his professorship, and the cares of the Faculty of which he is Dean, Dr. D. keeps supplying the press with new editions of his works on Materia Medica, Physiology, Practice of Medicine, his Dictionary, &c. As a further illustration of the author's indefatigableness, we would observe, that even our beloved *Chronicle* has been ransacked, and several excerptions taken therefrom, with due acknowledgements. We have remarked quotations from the late Dr. Crawford's paper on "iodide in small pox"; Dr. Peltier's article on "lemon juice in rheumatism," and Dr. Fraser's communication on "strychnine in cholera." So that these gentlemen have acquired a far wider reputation than they could have originally apprehended when they first launched their trim little essays upon our spreading waters.

CLINICAL LECTURE.

On Amenorrhœa and Dysmenorrhœa. By M. Aran, of the Hopital Saint Antione.

(*Medical Circular, translated from Gazette des Hopitaux.*)

There are two patients who furnish me an occasion of speaking to you of the disorders of menstruation, and the troublesome consequences which may follow them. The first patient, in No. 30 Salle Sainte-Therèse, is nineteen years of age; she menstruated at sixteen: but since that time the menses have appeared only once. She has suffered since 1853, from pains in the loins and thighs, aggravated by walking. On the 24th July, she was brought to the Hospital, a prey to acute pains in the loins, coincident with the seco d appearance of the courses, which had been suddenly suppressed by a cold bath. At this time she presented signs of metritis, and uterine catarrh. These symptoms were attacked by various means, among which may be mentioned an intra-

uterine injection. She left the hospital before the menses had returned, which were not observed during the whole of this long interval. Since that time she has been subject to confusion in the head, singing in the ears, to pains in the loins, the hypogastrium and thighs. To these symptoms, which had at last increased so much as to be almost constant, others were now added: disorders of digestion, distention of the stomach, vomiting of alimentary matters some minutes after ingestion, &c. At no period, however, had she suffered from leucorrhœa, and an examination of the patient on entering the hospital, did not disclose anything more as regards the general features of the case. The uterus was discovered by the speculum and touch to be much depressed, the cervix elongated and mobile, the movement producing pain, the orifice unequal and open, and showing around it a slight degree of redness. To obviate the symptoms, of congestion towards the head, occasioned, no doubt, by the absence of the menses, recourse was had to venesection; and uterine catheterism was besides practised every other day. Success attended this method. In fact, after the third introduction of the uterine sound the menses re-appeared; but, though abundant, they continued only for two days. The confusion of thoughts, however, is still experienced, so also are the disorders connected with digestion, as well as the pains of the hypogastrium.

The second patient, aged twenty years, was admitted into the hospital the first time in 1854, and again, the second time, in the month of December last. She had always experienced very difficult menstruation, at each period expelling clots, followed by mitigation of the pains. At the period of her admission, there was a slight degree of depression of the uterus, with anteflexion, and traces of uterine catarrh. The general state of the patient's health was satisfactory. With a view to quiet the hyperœsthesic state of the uterus, intra-uterine injections with chloroform, and indeed with water holding sub-nitrate of bismuth in suspension, were had recourse to as well as applications of ice, leeches to the cervix and cold affusions. All the symptoms became mitigated, and the functions seemed to resume their regular course when all at once, towards the end of February, at the menstrual period, she was seized with acute pain in the abdomen, resembling colic, accompanied with such excessive sensibility that the weight of the bed-clothes became insupportable. It was now that there appeared in the hypogastrium a tumour, hard and painful, about the nature of which I at first hesitated to speak decidedly. On examining the uterus, however, I perceived that the volume of this last had not become changed, and my opinion now was that we had to do with a sanguineous tumour formed around the uterus, having its probable origin in difficult menstruation. This tumour diminished from day to day, so that by the 4th of April the treatment could be commenced. I introduced Simpson's instrument, at first with caution and reserve. The first day the patient wore it four hours, then nine. From this time we left the instrument *in situ* till the 3rd of May, when the appearance of the menses, which this time were without pain, obliged us to remove it. It has not since been used. The menses now became regular, and for three consecutive periods were

painless. But this patient having left the hospital and returned to her ordinary avocations gradually began to experience pains during menstrual intervals, while the menses began to be both irregular and infrequent. The 12th of December last she returned to the hospital with some symptoms of a chloro-anemic kind—paleness of the face, occasional palpitation, &c., and dysmenorrhœa. She was put on the use of certain preparations of iron, cold douches were also prescribed, and uterine catheterism. The improvement was rapid, and this patient's health has ever since continued good; and such it was when I saw her quite recently.

Before beginning the history of the disorders of menstruation, that is of amenorrhœa and dysmenorrhœa, let us consider what menstruation itself is. It is not a simple hæmorrhage occurring regularly in women, produced by a mere simple congestion of the uterus. This congestion is more general and diffused, and is connected with a particular state of the ovary, and evolution of the ovum, a state analogous to that attending the production of eggs in birds. This fact has been placed beyond a doubt by the researches of Pouchet, Bischoff, Raciborski, Negrier, Gendrin, and others.

It has not been shown why a sanguineous excretion, continuing for a certain time, should be found in women only. In apes, indeed, there is to be seen a rudiment of menstruation, and in all mares tints of blood may sometimes be observed; but in the human species alone is this phenomena well marked, and disorders of its functions followed by every variety of symptoms.

In a work on menstruation, full of interest and originality, lately published, M. Raciborski, while endeavouring to show the great importance of ovulation, seems to us to have restricted too much the office of menstrual discharge. Did this hæmorrhage, in fact, constitute, in women, nothing more than a habit, its suppression might still be followed, in the economy, by numerous disorders. But the menstrual discharge is more than a habit, it is a necessity; and of this we may be convinced by considering the disorders, so varied, which occur in amenorrhœic women at their first period, and when, as is popularly said, they have difficulty in becoming formed. These disorders plainly point to the efforts which nature makes to accomplish this evacuation.

Moreover, it must be admitted that the presence of the ovaries is of prime importance in the production of the menses. Experiments show that when the ovaries have been removed, or when they do not accomplish their function, the menstrual hæmorrhage immediately ceases; and every one knows the fact mentioned by Pott. And Robertson says he had ascertained in India, that menstruation does not take place in women who have undergone castration.

It follows from this that, when in a young woman the menses do not make their appearance at the time expected, this circumstance—should no disordered state of other functions exist—need not occupy undue attention, since it may happen that the ovaries themselves are wanting. Should there, however, on the contrary, arise at the menstrual period a disordered state of health, the physician must then interfere, and by

every means in his power endeavour to bring about the secretion. Serious difficulties may, in fact, arise. Without speaking of malformations of the vagina, its imperforation, &c., the uterus may be completely wanting—the ovaries being perfectly normal. But obstacles situated at the orifice of the uterus, in the vagina, or at the vulva, do not constitute, properly speaking, cases of amenorrhœa; for this, in strict propriety, consists in the absence of menstrual congestion, and sanguineous excretion.

At what period does menstruation take place? This period varies both in races and individuals. Robertson, in his "Researches on Menstruation in India" has shown that this secretion is not only influenced by climate, but by race; another reason for not bestowing any special attention, in girls, to amenorrhœa, or rather, to retarded menstruation, when this is unaccompanied with symptoms of disordered health.

In women who have menstruated, the menses may become suddenly suppressed, under the influences of causes either moral or physical; among which cold may be regarded as the chief. The amenorrhœa from suppression, does not always cause serious symptoms, for these may not extend beyond headache and unaccountable feelings for a few days, or for the month, till the menses again make their appearance. In other women, again, this suppression gives rise to violent pains in the loins, uterine pains like colic, true inflammation, often accompanied with nausea and vomiting. This suppression of the menses may yet have other consequences, as regards their ulterior appearance. It may be that from this time they may become irregular, or disappear for some months; and then local symptoms arise, aggravated at each menstrual period, although the menses do not appear; or the symptoms may be general, affecting the head with giddiness, with congestion on stooping, flushing of the face, with alternate paleness, frequent syncope, dyspepsia, distension of the stomach, and constipation: while again, in other instances, chloro-anemic symptoms, with strong caprice, make their invasion on the suppression of this hæmorrhage. Should the congestions continue, then it is we see supplementary hæmorrhage from the stomach, the bladder, or lungs; symptoms alarming, but nevertheless natural.

It is important to know that the first appearance of the menses is not always followed by their second appearance the succeeding month. Girls are seen menstruating nine or ten years of age, who then continue several months, or even years, before they menstruate a second time. There are others again who, without any discharge, have at each period pains in the kidneys and thighs, with cephalic congestion. It is probable that in this case an ovulation occurs, or that there is congestion of the uterus, but not of sufficient intensity to produce the hæmorrhage.

The treatment in girls, with a view to obviate such symptoms, should in general be confined to the use of external means, such as leeches to the groins and thighs, warm hip-baths, and dry cupping the breasts,—a means employed by Hippocrates, and again had recourse to in these days in America. Should the menses, after the use of such means, not re-appear, an exploration of the organs becomes indispensable, for the case may really be one of imperforation of the vulva, or of the vagina, or even of the cervix; and it is therefore important that the

existence of these, where they exist, should be known. In the case we speak of, the first thing to be done is to use the uterine sound, which is often all the treatment required. Electricity applied topically in the vagina for several days may be of great service, and so too may injections into the vagina of milk, containing a few drops of ammonia. When the patient is a woman whose courses had already appeared, but in whom the flux has been suppressed, what should our treatment be? If the suppression has been but a few minutes, it is often sufficient to place the patient in circumstances the reverse of those that have caused the evil—rest in bed, with warm cataplasms to the abdomen, and warm hip-baths. When, however, the suppression has already existed some hours, it would in general be idle to attempt procuring its re-appearance. By stimulating the uterus you would, for the most part, only hasten the appearance of symptoms of inflammation in that viscus. The best remedy in such cases is rest; the following period will repair the mischief. But should symptoms of inflammation occur, they must be met by suitable means, and even then, though you may completely succeed, your patient continues exhausted, and suffers more or less the whole month.

Should the menses be suspended for some months, and the amenorrhœa be connected with a dyspeptic, chloro-anemic state, you must then direct your attention to obviate this general condition. When you fail with the local means above mentioned, there remains still another source—the introduction within the uterus of Simpson's instrument. But the use of uterine catheterism ought first to be insisted on, which has sufficed, as you have seen, in one of our patients.

Amenorrhœa is sometimes symptomatic of a chronic disease. In that case it is useless to try to restore the menses. Should, however, a patient suffering from a chronic pulmonary affection, for example, find her chest affection aggravated at the menstrual period, and hæmorrhagic efforts be sufficiently marked, we naturally ask whether some means might not be tried to bring back the flux. I must say that, though I have endeavoured to effect this by the use of sounds and stimulant injections, I have not once succeeded.

From the consideration of amenorrhœa, we naturally turn to that of dysmenorrhœa, in which the secretion takes place, indeed, but it is painful, incomplete and vitiated, and may be replaced in part by products of a particular nature. You must not confound with dysmenorrhœa those pains which precede the menses, sometimes twenty-four hours, and which disappear when the hæmorrhage is established. In dysmenorrhœa the pain commences with the excretion and continues more or less while it flows; it is the uterine pains resembling colic, with tearing in the loins and thighs, with faintness, prostration, sometimes with nausea and vomiting resembling those of peritonitis, that constitute dysmenorrhœa. Sometimes the pains, extremely acute before the uterine flux, abate when that appears, without, however, entirely subsiding; at other times they commence the moment the secretion begins. Of dysmenorrhœa there are several kinds. Some cases seem to be connected with excessive congestion of the uterus—the blood accumulating in the

substance of the uterus, occasioning extremely violent symptoms which cease only as the uterus disgorges itself. Another kind is the mechanic, dependant on the little permeability of the passage through which the discharge takes places. There is a sort of spasm of the internal or external orifice of the uterus, so that the blood accumulates beyond and distends the cavity, forming a clot, which the patient expels with pains like those of labor: and this may take place several times during each menstruation. It is thus that blood, in place of being expelled, may accumulate in the uterine cavity, and give origin to hematocele, of a particular kind, from reflux of blood into the peritoneum—an affection recently so well described by M. Beruntz. The third kind of dysmenorrhœa proceeds from the mucous membrane of the uterus itself, which becomes detached sometimes by insensible exfoliation, at other times in large shreds. There are even cases where the uterine membrane becomes completely thrown off, and comes away in the form of a triangular bag, tomentous exteriorly, and tinged with red blood; white and smooth internally, and containing mucosities and perforated by three openings corresponding to the three uterine orifices. The third variety is the membranous dysmenorrhœa, or that attended with exfoliation of the internal membrane of the uterus.

In the first kind, or congestive dysmenorrhœa, the pains and prostration are most marked the days or hours that precede the appearance of the courses. In the mechanic dysmenorrhœa, the pain less frequently precedes the menses, but are tolerable during their whole course. In the third kind, the menses may flow at first without pain, or at least without much pain; but, by and by, severe pains come on and mark the expulsion, or, if you will allow me the expression, the accouchement of the false membranes.

The treatment varies with the kind. In the congestive form, so frequent in women affected with chronic metritis the patient finds relief from general blood-letting, or from leeches applied to the cervix. By careful examination only of the patients and the fluids excreted will you be able to arrive at a knowledge of the other two forms. In the mechanic dysmenorrhœa, recourse should be had to catheterism; and this operation is often difficult on account of the smallness of the orifices. This operation alone may be sufficient to establish the flux. But as the physician is frequently not called till the sufferings have been of some duration, Dr. Bennet in such cases has recourse to chloroform. I prefer giving this medicine internally, in doses from thirty to fifty drops, or in enema in the same quantity. Chloroform has this advantage over opiates,—the relief it gives is instantaneous, but then its action is but of short duration; for which reason its use should be combined with that of opium—four, six, or eight grains in twenty-four hours, according to the severity of the symptoms, discontinuing its use the moment the severe symptoms subside. In certain cases you may introduce into the vagina pledgets covered with extract of belladonna, or lint soaked in laudanum, &c. Compresses, on which from thirty to forty drops of chloroform are sprinkled, applied to the hypogastrium, assist the action of the other remedies. This, however, is not all. During the intervals

between the menses, attention must be given to dilating the uterine cavity. The sound must be used and left some minutes *in situ;* or recourse may be had to Simpson's instrument, an extreme means which we are sometimes obliged to employ. We should return to catheterism at certain intervals, even after a cure. In one of my patients you have seen, in fact, the menses disappear some months after the treatment had been interrupted. Simpson recommends dividing the internal orifice, Oldham the external, in the last two kinds of dysmenorrhœa. But could we be certain in every case of arresting the hæmorrhage?

The mechanic form of dysmenorrhœa is mitigated by catheterism. Does the same good result follow in cases where there is exfoliation of the mucous membrane? Let us say that this last affection is extremely obstinate, and may be considered beyond the resources of art; at least we possess no established or efficacious method. Would it not be benificial to use injections into the uterine cavity of a nature to modify the state of that cavity? Could we not endeavour to diminish the too intense congestion of the organ. A circumstance pointed out by Oldham, and which I believe to be true, is the frequent production of retroversion of the uterus, as a sequela of these kinds of dysmenorrhœa,—the chronic inflammations which they occasion giving rise to adhesions and thus to retroversion. If these facts are common, as this author says, and as I believe, it would be a new reason for active interference in the treatment of cases of this kind.

THERAPEUTICAL RECORD.

Diarrhœa and Dysentery.—Take of sweet gum bark *(liquidamber styraciflua)* in coarse powder, five ounces; sugar, 2 pounds; water, a sufficient quantity. Moisten the bark thoroughly with water, let it stand 24 hours in a close vessel, then transfer it to a percolator, and throw water gradually until a pint of filtered liquor is obtained. To this add the sugar in a bottle, and occasionally agitate until it is dissolved. Dose, one fluid ounce after each dejection.

Dysmenorrhœa.—Tinct. of veratrum viride. Begin two days before the expected period and give three drops every three hours, and increase each succeeding dose by one drop until nausea comes on, and then reduce the dose again to three or four drops.

Eneuresis.—℞ ext. belladonn; ext. hyoscyami aa, gr. xvi; sacch. alb ʒi; mist. camph ʒ iss. Take a teaspoonful at bed-time. In obstinate cases the dose may be repeated two or three times in the same night. One case where the disease had continued from early childhood to the age of 17, was permanently cured by a week's use of the above prescription.

Ascarides.—Rousseau recommends, as suppositories: 1. tannin, butter of cocoa, 1 part; melt the butter and mix the powder well in it. Then run it into proper moulds. 2. Biniod mercury, 4 centig; butter of cocoa, 4 gram. Melt, mix and mould as above. Also as injections,

1. calomel, 25 centig; linseed mucil, 125 gr. Mix and administer morning and evening. 2. Arsenical acid, 1 centigr; distilled water, 4 gram. Dissolve it warm. The rectum is evacuated by a clyster. Then the medicines are introduced.

Summer complaints in children.—Dr. Bryan of Phil., says: give calomel gr. iij.; pulv. ipecac. co gr. iij. viij. in the evening, followed next day, and for a week or more with a tablespoonful every 4 hours of the following. Cort sassaf. ℥j, cort aurant ℥i, aquæ Oj; macera. A flannel bandage around the abdomen, country air, and lance the gums.

Chronic diarrhœa.—℞ morph. sulph., gr. v; strychnia, gr. ij. Sulph. cupri. gr. viij. ext. gentian, grs. xl, m. ft. pil. xl, sig. One pill three times a day. We would recommend this pill to our readers as being a combination of ingredients very likely to be useful in the cases advised.

☞ *Hœmorrhoids.*—We believe this to be an excellent application; ℞ carb. plum. pulv. ℥ ss. sulph. morph. gr. v, ungt. stramonii ℥j. ol. olivæ qr s. ut ft. unguentum. To be used night and morning.

PERISCOPE.

Asphyxia, its Rationale and its Remedy. By Marshall Hall., M.D., F.R.S. The term Asphyxia, which ought to be exchanged for Apnœa, designates that condition of the animal system which results from the suspension of respiration.

Respiration involves two processes—the inhalation of oxygen, and the exhalation of carbonic acid.

The remedy for the suspension of respiration is, on every principle of common sense, the restoration of respiration. This view might be considered, irrespective of physiological inquiry and proof, as self-evident; but that proof is amply supplied by physiology.

Of the two functions suspended, it is certain, from physiological inquiry, that the retention of the carbonic acid is by far the more fatal, and that, in a word, asphyxia is the result of carbonic acid retained in the blood, which becomes, in its excess, a blood-poison.

If this view be correct, it is evident that restored respiration is to the blood-poison in asphyxia what the stomach-pump is to poison in the stomach; and that it is *the* special remedy, the *sine qua non*, in asphyxia.

But this blood-poison is formed with a rapidity proportionate to the circulation, which is, in its turn, proportionate to the temperature. To elevate the temperature, or to accelerate the circulation, *without* having *first* secured the return of respiration, is therefore *not to save*, but in reality *to destroy life*!

I now proceed to state the measures by which asphyxia may be remedied.

I revert to a proposition already made; as asphyxia is the result of suspended respiration, the one remedy for the condition so induced, is self-evidently and experimentally, the restoration of respiration.

But there is an impediment to artificial respiration never before pointed out. It is the obstruction of the glottis or the entrance into the windpipe, in the supine position, by the tongue falling backwards, and carrying with it the epiglottis—an event which can only be effectually remedied by adopting *the prone position*. That position is displayed by the subjoined figure.

In this position the tongue falls forward, drawing with it the epiglottis, and leaving the ingress into the windpipe *free*.

But even when the *way* is patent, there remains the question, how is respiration to be effected? The syringe or the bellows may not be at hand, and if they were, the violence used by them is apt to *tear* the delicate tissue of the lungs. The mode proposed by Leroy, of compressing the thorax by means of a bandage, and allowing its expansion by the resilience of the costal cartilages, is proved by experiment to be futile, chiefly, no doubt, from its being attempted in the supine position, with the glottis obstructed.

The one effectual mode of proceeding is this: let the patient be placed in the prone position, the head and neck being preserved in their proper place. The tongue will fall forward, and leave the entrance into the windpipe free. But this is not all; the thorax and abdomen will be *compressed* with a force equal to the weight of the body, and *ex*piration will take place. Let the body be now *turned* gently on the side, (through rather more than the quarter of a circle,) and the pressure on the thorax and abdomen will be removed, and *in*spiration—effectual *in*spiration—will take place! The expiration and inspiration are augmented by timeously applying and removing alternately pressure on the spine and ribs.

Nothing can be more beautiful than this life-giving—(if life *can* be given)—this breathing process.

In one series of experiments, twenty cubic inches of air were *ex*pelled on placing a corpse in the prone position, and ten cubic inches more by making pressure on the thorax and ribs, the *same* quantities being *in*haled on removing that pressure, and on rotating the body on its side. But I must give the experiments in detail:—

A subject was laid on the table, and pressure made on the thorax and ribs, so as to imitate the procedure of Leroy. There was no result; a little gurgling was heard in the throat, but *no inspiration* followed. The tongue had fallen backwards, and closed the glottis or aperture into the windpipe! All inspiration was prevented.

Another subject was placed in the *prone* position. The tongue having fallen *forward*, and the glottis being free, there was the *ex*piration of twenty cubic inches of air, a quantity increased by ten cubic inches more on making pressure along the posterior part of the thorax and on the ribs. On removing this pressure, and turning the body through a quarter of a circle or rather more, on the side, the whole of the thirty cubic inches of air were *in*spired!

These manœuvres being repeated, ample respiration was performed?

Nay, there may be a question whether such considerable acts of respiration may not be too much.

It is to be observed, however, that, in this mode of artificial respiration, *no force* is used; the lung therefore is not injured; and that, as the air in the trachea and bronchial tubes undergoes little or no change in quantity, the whole inspired air passes into the air-cells, where the function of respiration is alone performed.

It deserves to be noticed, that in the beginning of this experiment in the prone position, the head had been allowed to hang over the edge of the table: all respiration was frustrated. *Such is the importance of position.*

Reserving the full exposition of this method of *postural respiration*, this theseopnœa, (from θεσις position,) for another occasion, I will conclude by reducing these views into the simplest *Rules* for the treatment of asphyxia.

New Rules for the treatment of Asphyxia.

I. Send with all speed for medical aid, for articles of clothing, blankets, &c.

II. Treat the patient on the spot, in the open air, exposing the face and chest freely to the breeze, except in too cold weather.

1. *To excite Respiration.*

III. Place the patient gently on the face, (to allow any fluids to flow from the mouth).

IV. Then raise the patient into the sitting posture, and endeavour to *excite* respiration.

1. By snuff, hartshorn, &c., applied to the nostrils;
2. By irritating the throat by a feather or the finger;
3. By dashing hot and cold water *alternately* on the face and chest.

If there be no success, lose no time, but

II. *To imitate Respiration,*

V. Replace the patient on his face, his arms under his head, that the tongue may fall *forward*, and leave the entrance into the windpipe free, and that any fluids may flow out of the mouth; then

1. Turn the body gradually but completely on the *side, and a little more*, and then again on the face, alternately (to induce *in*spiration and *ex*piration);

2. When replaced, apply pressure along the back and ribs, and then remove it (to induce further *ex*piration and *in*spiration,) and proceed as before;

3. Let these measures be repeated gently, deliberately, but efficiently and perseveringly, *sixteen times* in the minute, *only;*

III. *To induce Circulation and Warmth,*

1. *Continuing* these measures, rub all the limbs and the trunk *upwards* with the warm hands, making *firm pressure* energetically;

2. Replace the wet clothes by such other covering, &c, as can be procured.

VI. *Omit the warm-bath until respiration be re-established.*

To recapitulate, I observe that—

1. If there be one fact more self-evident than another, it is that artificial respiration is the *sine qua non* in the treatment of asphyxia, apnœa, or suspended respiration.

2. If there be one fact more established in physiology than another, it is that within just limits, a *low* temperature conduces to the protraction of life, in cases of suspended respiration, and that a more elevated temperature destroys life. This is the result of the admirable, the incomparable, work of Edwards.

3. Now the *only* mode of inducing efficient *respiration* artificially, at all times and under all circumstances, by the hands alone, is that of the postural manœuvres described in this paper.

This measure *must* be adopted.

4. The *next* measure is, I have stated, to restore the *circulation* and *warmth* by means of pressure firmly and simultaneously applied *in the course of the veins*, therefore *upwards*.

5. And the measure *not to be adopted*, because it tends to extinguish life, is *the warm bath, without* artificial respiration.

This measure *must* be relinquished.

These conclusions are at once the conclusions of common sense and of physiological experiment. On these views human life may, nay, must, sometimes depend.

Regimen.—Dr. James Jackson in his letters to a young physician, advocates an exclusive vegetable diet, both as a remedy and a preventive measure in epilepsy and apoplexy. Although patients may rebel against the prescription, if made to embrace the remainder of their lives, they will generally become reconciled to it if recommended temporarily, so as to become more indifferent on the subject than they had anticipated. Exercise is enjoined, mental perturbation disapproved, and the patient advertised not to return to animal food so long as he has very good health without it. In phthisis and hemoptisis on the contrary, he recommends animal food, milk, and a farineous diet, to which should be added fruit, and other articles of a laxative character, in case of a tendency to habitual constipation. Exercise in the open air, he considers of all things the most important in these diseases, which should be carried as far as the vigor of the patient will permit. It should not be done rashly, but boldly. The great object is, to prevent the cachexy, if it has not appeared, or to overcome it when it has, by such measures as will tend to increase the general vigor of the system, trusting to the natural efforts to overcome the disease. With the body properly protected by suitable clothing the patient is advised to live pretty much out of doors. For the relief of hemoptysis he recommends a combination of sulphate of copper and opium. In an urgent case he gave one grain each of these remedies, and repeated the dose in twelve hours. During fifty years practice he had only met with two cases in which this hemorrhage proved fatal in phthisis.

The Verminous Diathesis.—A remarkable case of this diseased condition is related in an English journal. An unknown lady, supposed to be of high standing in society, made application at an infirmary for sulphurous fumigations. A physician was called in to witness the case. He was cautioned, on entering the room, not to tread on the worms, a quantity of which had fallen from the patient's body, and been swept together, that he might see them. On examining the forehead, which was reeking with perspiration, he saw little red points sticking out from the skin, at right angles, and whilst looking at them some seemed to retract themselves others were evidently getting longer, and became a quarter of an inch and more in length, and then fell to the floor, as others had done. Upon the face, ears and neck there was the same appearance of little pink, thread like worms, as thick as they could cluster, elongating themselves to get out of the skin, and then falling, as from the forehead, on the floor. Many of them seemed to give a sort of jump or jerk before they could escape, and fall from the person. From all parts of the person, on further examination, these worms were found sticking out, stretching themselves, and then with a furtive jump, escaping from the skin to the distance of six or eight inches. On attempting to wipe the skin with a handkerchief, they would break off, their bodies being very tender; while its gentle pressure upon the surface seemed to facilitate the escape of the worms. Some were a full inch in length, but for the most part they were from a quarter to three-quarters of an inch, looking like fine pink threads, with red heads and the tail part larger than the head. They lived but a few minutes after disengaging themselves from the skin. The lady had been troubled in this way for more than two years, and attributed her complaint to sleeping in the open air, near some stagnant water, having found, on waking, her mouth and nose were full of young gnats. As the fumigating baths dislodged the worms by thousands, and after several repetitions of it the lady ceased to make her appearance, it was presumed she was cured.

Vesico-Vaginal Fistula.—We had supposed that the improvements made in the operation for this affection by Sims, had left little chance or hope for further improvement; but Dr. Bozeman, of Alabama, has published in the first number of the Louisville Review, a very interesting article entitled, "Remarks on Vesico-Vaginal Fistula, with an account of a new mode of suture, and seven successful operations." He gives a plain and intelligible description of his method, accompanied by illustrations, and a minute report of seven cases, some of them complicated and difficult, which have put his improvements to a severe test. The principal difference between his plan of operating and that of Dr. Sims, consists in using a button instead of clamps, through which the wires are drawn and secured by shot. This button is a concave and oval disc, large enough to cover the whole wound after it has been scarified and drawn together by sutures, through which the wires are drawn so as to press it closely over the wound; thus not only aiding in the coaptation of the cut surfaces, but covering them over in such manner as to exclude from the urine, and the secretions of the vagina. He calls this the button-suture, in contradistinction to the clamp suture of Dr. Sims.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

CIRCULARS OF McGILL COLLEGE, 1856-57.

We have received copies of the general "Prospectus" and of "the Annual Announcement of the Faculty of Medicine" of this Institution, which was founded by bequest of the Hon. James McGill, in 1811, erected into a University by Royal Charter, in 1821, and reorganized by an amended charter in 1852. Both documents set forth the advantages the student may derive from an attendance upon her courses in a lucid and perspicuous manner. We notice a few changes in the Medical Department, the staff of professors has been altered by the death of the late Dr. Crawford and retirement of Dr. Bruneau. The chair of the former has devolved upon the incumbent of Medical Jurisprudence, who retains the two; Dr. Scott has succeeded to anatomy; and clinical surgery, left open at the time of publishing the Circular, has been since filled by the appointment thereto of Dr. McCallum. Another alteration has been in a reduction of the fees of the anatomical and chemical classes, the extra 15s. has been done away with. By this each course is now £3, except that of Medical Jurisprudence, Clinical Medicine and Clinical Surgery. Were we to signalize for special comment any of the particular advantages of this school, we should select her well stocked library and her practical resources as chief instances worthy of attentive consideration. The library contains 2400 volumes, and this large number is made up of valuable monographs, elementary works and hand books, on the various departments of medical science, and a complete collection of the best English periodicals. It is open to the student without cost, upon the deposit of a small sum, which is refunded upon the return of the book. The practical resources to which we allude are, independently of those connected with each branch, the facilities for prosecuting practical anatomy and obtaining clinical information. "Arrangements have been made," it is said, "by which a *plentiful* supply of subjects will be *constantly* procured;" while the students, in the dissecting room, are to have the services of both the Professor and Demonstrator of Anatomy. The faculty have the extensive opportunities at their disposal, afforded by the Montreal General Hospital and University Lying in Hospital, and these are open to students upon the payment of a small fee. The former averages daily from 60 to 80 in-door patients; with about 260 new admissions, and 830 out-door patients every quarter. The diseases and accidents occurring among so many, are, as may be supposed, varied, and afford an

instructive field for study. The latter averages about 140 accouchements per annum. The method of education in these infirmaries is one which cannot but be followed with the very best results to the pupils in attendance. Were there no other advantages possessed by the faculty than those entailed by these powerful auxiliaries, they are amply sufficient to challenge a comparison with the educational resources of the very few schools of medicine in America that can claim any entitlement to a character of respectability, much less to one of utility.

ALEXIS ST. MARTIN.

For some time back we have met in our American exchanges with notices of the advent, in certain cities of the Union, of this man, whose name is now inseparably connected with the history of inquiries into the physiology of digestion. In every instance it has been stated that Alexis was accompanied by Dr. Bunting of Montreal. As no gentleman of that name had, within our memory, practised medicine in this city, we could not but think that there was some error made, either in the name of the person, or otherwise. During the last month we have had an opportunity of satisfying our minds on one or two points connected with this matter. Dr. Bunting, in his peripatetic wanderings, visited Montreal, and exhibited Alexis. That Alexis is genuine—that he is the veritable subject of Dr. Beaumont's experiments, we have not the slightest doubt; and, were he rather more under the control of his exhibitor, or possessed of a more amiable disposition, the curious in these matters might have some pleasure in examining him. As it is, the mere circumstance of seeing him, as we did, stretched on a table; obtaining a passing glimpse of the fistulous opening with its valvular fold, as he saw fit to remove the handkerchief which he pressed over it the greater part of the time, is anything but profitable or satisfactory. True, Dr. Bunting introduced a glass tube through the opening, Alexis in the meantime making some disagreeable grimaces, and having turned him on his left side, a small quantity of a greyish white gelatinous looking fluid, with one or two small curdy lumps, passed through the tube into a receiver. This fluid exhibited an acid reaction, was devoid of smell, but as to its taste we cannot speak, not feeling at the time any particular desire to test it. Dr. Bunting, as we suspected, does not belong to the profession of Montreal. From information derived from a friend of ours, who is acquainted with Dr. B.'s antecedents, we are safe in saying that scientific pursuits have not engaged much of his attention. Of this, fifteen minute's conversation would satisfy any well-informed physician. We are glad, therefore, that it is Dr. Bunting's intention to take

Alexis to Europe, for the purpose of submitting him to the examination of celebrated physiologists—men who are accustomed to experiment, and the results of whose experiments are worthy of confidence.

NO MEDICAL FACULTY IN TRINITY COLLEGE.

The Medical Faculty of Trinity College, Toronto, Canada West, have resigned their professorships. The reason as publicly stated in the daily prints of Canada West is, that the Faculty caused an advertisement to be inserted in the local papers, stating that students in medicine henceforth would not be compelled to subscribe to the thirty-nine articles of the Church of England, and that no religious test would be demanded of them. And it was furthermore asserted that pupils could, by following the course of instruction at Trinity, procure, if they pleased, their degrees at any other University. The Council of the College, naturally indignant at this open declaration of rebellion and independence of the Medical Faculty, called upon them to withdraw the obnoxious advertisement from its place of appearing, and to return to their former terms of connexion; but the Professors declining to yield, and the difference not being removeable in any other way, the latter were constrained to resign their various chairs, which, we believe, they have filled, during the few years they have lectured, in a distinguished and profitable manner.

A New Invention.—We have lately examined an artificial leg, the invention of Mr. Condell of Kemptville, which for strength, lightness, convenience, and good workmanship, we have not seen surpassed. The great advantages which Mr. Condell's artificial limb possesses are, that perfect flexibility is secured with control of motion, while its extreme lightness, weighing only 4 lbs., enables the wearer to use it without fatigue. The contrivance for controling the movements of the joints and foot is very simple, consisting of one artificial muscle, which is attached to the knee joint, the heel and inferior surface of foot, by means of a spring. The shape of leg is an imitation of the natural, and the wearer can even rest upon it when the knee joint is flexed. We understand Mr. Condell manufactures artificial legs for amputations, both above and below the knee joint. The inventor deserves great credit, as we learn he had never seen an artificial limb before his first attempt at manufacture, and as he has received several orders in town we hope to have an opportunity shortly of seeing a practical proof of the excellence of what appears to us the nearest possible approach to a perfect substitute for a natural limb. We may add that Mr. Condell is a Canadian, and as such deserves every encouragement, at same time his charges appear very reasonable. An agency for receiving orders has been established in the city.

COLLEGE OF PHYSICIANS AND SURGEONS, L. C.

So far we have not been furnished with the minutes of the proceedings of the last Triennial meeting, nor with a copy of the Report then read. We endeavored to obtain both for insertion in the *Chronicle*, not only during August but also in the month previously. It appears our failures are owing to the books being with the Quebec Secretary, and this gentleman not yet having complied with Dr. Peltier's request to send up copies. By the politeness of the latter gentleman they have hitherto been furnished. Pending the arrival of these proceedings, which will be duly published on receipt, we give below the names of the newly elected officers:—

President.—Dr. J. C. Frémont.

Vice Presidents.—Drs. A. Von Iffland and A. Hall.

Governors. City of Montreal.—Drs. A. Hall, W. Sutherland, J. G. Bibaud, T. W. Jones, H. P. Peltier, P. A. C. Monro, L. Boyer, and W. Fraser.

District of Montreal.—Drs. S. S. Foster, Jos. Chamberlin, C. Sabourin, R. S. Weilbrenner, J. H. Brigham, C. Smallwood and M. Turcotte.

City of Quebec.—Drs. Jos. Morrin, J. E. Landry, J. A. Sewell, C. J. Frémont, O. Robitaille, W. Marsden, R. H. Russell, and A. Jackson.

District of Quebec.—Drs. E. Boudreau, A. T. Michaud, Jos. Marmette, M. P. De S. LaTerrière, A. Von Iffland, L. Tetu, Tib. Charest.

Three Rivers and District of St. Francis and Three Rivers.—Drs. L. H. Gauvreau, W. H. Fowler, J. B. Johnson, G. Badeau, W. A. M. Gilmour, M. S. Glines.

Secretaries.—Dr. H. Peltier, (Montreal) and Dr. J. E. Landry, (Quebec.)

Registrar and Treasurer.—Dr. T. W. Jones.

VIVE LA BAGATELLE.

Under the title of "*Dr. Bedford's book again*" we find the following piquant notice in the *American Medical Gazette*," which, in a small space, contains an immense amount of pith. We give it here so as to secure ourselves from being inflicted with another copy for review, as we were sufficiently nauseated with the first:—

"The Charleston *Journal* is out with a stereotyped puff of this miserable abortion, under its new name, having dropped its Frenchified title of "Obstetric Clinique," and taken a new one, which has less odor. The North Western *Medical Journal* announces that, as the book first appeared in Nelson's *Lancet* "it is a pity that it was not left there!" a significant indication of Professor Davis's estimate. Look out for a FOURTH edition after this first rate notice.—*Vive la bagatelle.*"

New Appointment.—At a special meeting of the Governors of McGill College, held August 27th, Dr. D. C. MacCallum was appointed to the vacant chair of Clinical Surgery.

OBITUARY.

At Williamstown, Glengarry, C. W., on the 21st August, Dr. John George Bethune, eldest son of the late Norman Bethune, Esq., of this city, in the 32nd year of his age. The deceased was well known in this city, his birth place, by a large number of friends, to whom he was endeared by kindly dispositions of heart and warm social qualities. He was also possessed of undoubted talents of a very high order, and they were afforded many an exhibition in graceful literary compositions, to which he was much devoted, before he became incumbered with the cares of practice. Our last tidings from him was a notice of a beloved cousin who was likewise a physician,and over whom the grave had also closed.

BOOKS RECEIVED FOR REVIEW.

Taylor's Medical Jurisprudence, 1856. Bennet on Uterine Pathology. 1856. From Messrs. Blanchard & Lea, Philadelphia.

MEDICAL NEWS.

The Society of Surgeons of Paris have decided absolutely, from a large mass of facts, that syphilis is not capable of being transmitted with the vaccine virus.——Dr. F. Owen (*Charleston Medical Journal*) gives a case in which he knew cesarean section had been performed for the third time on the same individual.——"If physic do not work, prepare for the kirk," saith an old proverb.——The physicians of Alleghany, Michigan, have adopted a set of rules, one of which we would like to see tried in Montreal, viz., not to attend a patient unless the physician previously in attendance shall have been regularly discharged and satisfactorily compensated for his attendance.——During the quarter ending July 1st, there were vaccinated by the city physicians of Boston 1045 persons.——When Mr. N. asked a daughter of Hahnemann who lived in the same house with him, to give him some homœopathic remedy against his illness, he was advised by her to drink tea, as the homœopathic remedies were nothing but dirt.——Prof. Evé has gone to Europe to expend 6000 dollars, exclusively in purchases for the Museum of the Medical Department of the University of Nashville.——Miss Nightingale has been elected an honorary life Governor of the Royal Free Hospital London, in testimony of her highly distinguished services in the cause of suffering humanity during the late war.——The Astley Cooper prize for £300 has been awarded to Dr. B. W. Richardson, of London, for his essay "on the cause of coagulation of the blood."——The Professorship of Anatomy in the New York Medical College, is vacant by the retirement of Dr. E. H. Parker.——The great majority of the civil surgeons attached to the hospitals in the East have returned to Great Britain. A small portion of the staff will remain at Renkioi, till the whole of the troops have left Turkey.——Hair dyes containing silver are becoming a profitable article of sale in the States. Each bottle contains actually from 8 to 10 cents worth of the metal and sells for a dollar. Yet so large is the consumption, that one firm in Buffalo used last year 1100 ounces of silver coin in manufacturing the dye.——Dove's trial will cost not less than £2475 10s., and this is exclusive of the cost of the inquiry before the Coroner.——The Registrar General's (England) return says, the mortality in the Spring Quarter was at the annual rate of 23.85 per 1000 in the chief towns, and 18.78 in the small towns and country parishes. This is below the average.

THE

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ORIGINAL COMMUNICATIONS.

XII.—*On the Ectrotic or Abortive treatment of Small Pox.* By A. Von Iffland, M.D., Member Royal College Surgeons of England; and Vice-President of the College of Physicians and Surgeons of Lower Canada.

In the army medical reports of Dr. Wright, he observes that the apothegm of the ancient Jews, was, that, "no man discharged his duty to his country, who died without having planted a tree, built a house, and left a child behind him." If I was asked to suggest an improvement of the saying, I would intimate that the Physician is obnoxious to the charge of neglect of duty to the community, who passes through life without having at least attempted to discover some new fact, or *verify* some already *expressed hint* which may sustain the relationship of an improvement, either directly or indirectly to the *ars medica*.

One, among the many subjects, to which my attention has been directed this season, has been the application of a modifying power over the variolous pustule, and in preventing the maturation of these pustules, and the subsequent pitting, while attended with no danger to the patient.

I should premise, that a few years since, several cases of small pox having fallen under my treatment, I selected two cases (females) where on the eruption had extended confluently on the forehead, face, neck and arms; but on the lower extremities, discrete.

The parents having seemed more anxious to preserve the beauty of their faces—and they were truly beautiful—than the saving of their lives, the tincture of iodine, as recommended by my late lamented friend, Dr. Crawford, was painted over part of the face of one of the patients, but the pain became so intense, that after going through one side, I was under the necessity of desisting.

Some two years ago, Dr. J. A. Sewell, of Quebec, was very desirous

that when cases of small pox were admitted into the Quarantine Hospital—specially appropriated for that disease, I should apply the pure nitrate of silver to the pustules after puncture,* as being, he believed, particularly successful as an ectrotic. I did so, in two or three cases, and the application proved successful, so far as leaving no pits wherever the nitrate of silver had been applied, but in cases of a confluent character, I soon discovered that the irritation and pain produced by the caustic on an extended surface, was too severe to become a very desirable application, in the view of establishing its propriety as an ectrotic or abortive.

In the early part of this season, having admitted some cases of small pox into hospital, it was suggested by Dr. Douglas (and to whom, it would appear, it had also been suggested) that a solution of the nitrate of silver, of one drachm to the oz. of water, was the best means to prevent *pitting*, when applied at various stages of the disease, whether previous to or after maturation of the pustule. I resorted to this method, although fully convinced that the sooner the solution could be applied after the appearance of the eruption, the greater the chance of speedily arresting the development. I made the *essay* on two cases—brother and sister—on both of whom, the pustules, then confluencing with each other, had already maturated. In the latter, it may be remarked, that the whole body, as well as the mucous membrane of the mouth, throat, and neck, were confluent. In the former, the trunk and lower extremities were discrete. I applied the solution twice, two days intervening; the fourth day after the last painting, I perceived a shrivelling and drying up of the pustules; desquamation spontaneously followed; all constitutional symptoms disappearing; appetite returning; and, in a few days, convalescence established, and when discharged, which occurred two weeks after, scarcely, if any pittings could be discovered.

Shortly after, two other cases—adults—presented themselves in nearly the incipient stage, *i.e.*, the eruptions were scarcely papular; both of which, however, from the constitutional symptoms, would have proved severe cases. The solution was applied twice, and in one, three times—three days intervening. I soon perceived that all inflammatory action, puffing of the face, &c., whenever it had been applied, had been subdued, and apparently arrested; both patients became in a few days convalescent, and when leaving the hospital, the face, neck, &c., bore no appearance of pitting.

I cannot, however, conclude this imperfect sketch of my experience

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* An almost endless operation in confluent small pox.—A. V. I.

in the ectrotic treatment of small pox, without remarking that great inattention has been evidenced in the date of the discharge of patients, which may have justified the efficiency of the various modes adopted by many eminent Physicians, whose observations and experience have been devoted to this interesting subject. We ought, in my humble opinion, not to overlook that the warmest advocates of abortive or ectrotic treatment in small pox, have merely confined themselves, as I have done, to the appearances of the face and neck, when patients were discharged from under their care, without in the least considering that long after that date, absorption and contraction will, to some extent, follow.

ART. XIII.—*Case of Poisoning with Corrosive Sublimate.* By Dr. FRASER, of Windsor, N. S.

On Monday morning, the 23rd April, at one o'clock, I was called to see a patient, who stated that he had drunk, about half an hour previously, some essence of coffee and burning fluid out of a bottle, and which he stated had burnt his throat. He had immediately made himself to vomit with his finger, and felt sure all he had taken had been ejected. As I suspected he had been drinking, I immediately gave him a zinc emetic, which in the course of a few minutes acted briskly. I then ordered him home to bed, for this treatment had been used in the street, as a calamitous fire was at that time raging in the village and every man, woman, and child busily occupied. I was called at five o'clock to see him: he then had some cramps in his legs; but the pulse was good, 80. The cramps were relieved by an opiate and by warm applications. He persisted in saying that it was coffee and burning fluid which he had drunk, as the bottle was labelled and he had himself read it. He continued easy during the day, and about 4 o'clock in the afternoon the bottle itself was found, containing a gill of fluid. It was evidently neither coffee nor fluid, but a highly concentrated solution of corrosive sublimate, commonly used for bug poison, of which the poor fellow had taken a drink. The usual antidotes were then administered.

24th.—Vomited in immense quantities during the night, passed a large quantity of urine and about twenty stools, the last four or five altogether of blood and mucus. No anxiety—countenance natural—no pain over the abdomen pulse, 80, of good strength. Ordered to be kept warm, to have any nourishment he fancied, to have an anodyne and starch injection, and to take three drops of Prussic acid every four hours.

Visited him frequently during the day, vomits every three or four hours but purges less. Ordered an opiate at bed time.

25th.—A restless uneasy night, bowels open twice, stools of a natural appearance, countenance good, pulse 72—skin soft, has passed no water. Vomiting still continuing, applied a blister to the epigastrium; ordered to have a turpentine injection, and to take a diuretic mixture of ether and copaiba, and small doses of opium.

26th.—Dozed a good deal; during the night some twitching of the muscles of the face and arms. Vomits every six hours in great quantities. No mercurial smell about the breath, though the gums look ulcerated; not much thirst; pulse 60; countenance good; no urine passed; more stupor; blister raised well. Continue mixture and enemata; omit opiate.

27th.—Symptoms the same; no urine; passed the catheter without effect. Continue mixture, and have drafts to the feet.

28th.—Blistered surface has healed up; more or less stupor; no anxiety; vomits every six or eight hours in excessive quantities; bowels moved four times, stools of a pasty consistency, and in color resembling the yolk of egg; passed a teaspoonful of colorless urine; penis erected.

29th.—Patient the same; vomits as usual; pulse 60, of fair strength; no urine; bowels moved once.

Another medical man was now called who proposed bleeding, to which I objected, as only tending to hasten that which I thought inevitable, but as the Consulting Physician had, in a loud voice, stated to the patient and his friends that he saw no reason to fear an unfavourable result, whereas I considered the case almost hopeless from the first symptom of suppression of urine, you can easily imagine our consultation ended in nothing. Continued the mixture and ordered a hip bath.

30th.—Evidently weaker; perspired freely during the night; pulse 60; no water; stomach still rejecting all food after six hours retention; mind perfectly calm and collected; some stupor, but easily roused; bowels moved twice; penis erected, and has been so during the last forty-eight hours. Omit medicines.

May 1st.—A tolerable night, but much weaker; pulse 60; breathing deep about ten times in a minute; face calm; mind entire; is evidently sinking. About two o'clock, P. M., passed a table spoonful of colourless urine, and at the same time vomited about two quarts of green soup looking liquid; soon after that refused all drink or nourishment; the pulse kept good up to the last breath. The breathing eventually ceased, or just as a pendulum set in motion by the hand gradually but

regularly comes to a stop, so it was with this poor fellow. He died without a struggle. Just before the last breath he exclaimed "Good-bye all, I'm going."

I was never able to detect any corrosive sublimate in the ejected matter, though the bottle from which the poor fellow drank was carefully analyzed by Professor How, of King's College, Windsor, and myself, and proved by every test to be a highly concentrated solution of corrosive sublimate.

ART. XIV.—*Dysmenorrhœa and sterility,* their pathology, treatment and cure. By J. C. Lee, M.D., of London, Canada West, late Physician and Surgeon to the New York Dispensary; Fellow of the Academy of Medicine of New York, &c., &c.

(*Continued from page* 131.)

But again, take the opposite condition, where dysmenorrhœa does actually exist, casting off month after month its pseudo-membrane, and we find that the ovaries are sufficiently healthy to admit of an occasional conception, and that during gestation the symptoms of dysmenorrhœa will entirely have disappeared; and not until after parturition and the final cessation of *lactation* will the pseudo-membrane of dysmenorrhœa again make its appearance.

Such cases we have seen, and we are thereby strengthened in the belief that dysmenorrhœa is an idiopathic affection having its seat in the lining membrane and vessels of the uterus, the remote cause of which would perhaps be very difficult to assign.

It does not appear to be confined to any particular period of life, but the subjects of it may be afflicted during every part of the menstruating period, and both married and single are equally subject to it. Our own experience, however, would lead us to the conclusion, that amongst ladies of respectability generally, one of the most common causes of this disease, is cold during the menstrual flow, or taking cold immediately after an abortion.

But, in many instances, it has been known to follow the consummation of marriage, as has been well observed by Dr. Tilt, and we fully agree with him that with women of the town it is one of the most common diseases.

This would seem to confirm the belief that a too frequent sexual intercourse, is a fruitful source of this painful affection. That the same cause should occasionally operate upon newly married ladies of respectability would not appear strange.

From whatever source, however, this disease may be derived, it is quite certain that it has its seat within the cavity of the uterus, and that by proper remedial measures it is capable of being effectually cured, leaving the womb as capable of conception as if it had never been the seat of dysmenorrhœa.

The view has been entertained that this disease was of a rheumatic character, and was consequently treated with colchicum guaiacum, &c., as in other rheumatic affections; but these remedies appear to have possessed but little or no influence over it.

Again, it has been supposed that it was caused by a hard and thickened condition of the os and cervix uteri, producing an obstruction of that orifice. And this led to the practice of introducing the bougie for the purpose of dilating that part, hoping thereby to give free vent to the membrane and menstrual fluid; (Dr. McIntosh's favourite remedy). Though this suggestion was rather an injurious one, it does not appear to have had many advocates, and we think it cannot at least be more than a mere palliative treatment, as it would not remove the cause of the disease.

From what has been said we are led to the conclusion that the lining membrane and vessels of the uterus, while laboring under dysmenorrhœa, are in a morbid condition. That they should, therefore, be constantly secreting lymph during the month, would not be improbable. And that lymph should become organized into a membraneous formation, is quite as probable.

At the return of the regular monthly secretions, the uterine muscles are called into action; by the contractile powers of which, this pseudo-membrane, (together with the menstrual fluid and more or less blood) is expelled.

When this fails to take place, and the membrane is retained after the discharge of the menstrual fluid, then the organization of this membrane is continued, until it at length becomes fully organized into the form of a polypus or fibrous tumor.

If we trace back the history of all cases of polypi, fibrous tumors, hydatids, or of false conceptions, we cannot fail to conclude that they had their origin in dysmenorrhœa.

We do not pretend to make this assertion as an undeniable fact, but as an opinion based upon a large experience in this class of disease; and in order the more fully to illustrate and strengthen it, we would refer the reader to a case of "Fibrous Encysted Tumor of the Uterus," extirpated by us, and reported in the American Medical Gazette and Journal of Health, New York, March, 1855.

In that case, the patient was thirty-six years of age, and had been six years married without issue. From the age of puberty until about a year previous to the extirpation of the tumor, she had been harassed with membranous dysmenorrhœa. Here the tumor seems to have held the same influence over the uterine secretions as is found to exist in genuine impregnation.

As it increased in size, the dysmenorrhœal pains diminished in severity, as well as the menstrual flow in quantity. And finally, after the extirpation of this tumor, (which had now acquired a size nearly equal to that of a foetal head, and which could only be accomplished by an incision of the os, and puncture of the sack, she was restored to her wonted health; the uterus performing its catamenial function with regularity, and without pain or pseudo-membrane.

The sac of this tumor, together with another of the same character, though of a solid formation, we have now in our private museum. In both of these cases the females had been previously afflicted with dysmenorrhœa, and in both was the disease effectually eradicated by the removal of the uterine tumors.

From what has been said, it is quite evident that females laboring under dysmenorrhœa are not likely to conceive whilst such disease exists; yet numerous instances might be quoted from our case-book, where, after years of *sterility*, (while affected with this disease), the same ladies have been effectually cured, and afterwards have given birth to healthy living children.

Treatment of Dysmenorrhœa.

The treatment of this distressing malady, so far as we have yet been able to learn, has been very unsatisfactory, being for the most part merely palliative; such, for instance, as anodynes, counter-irritations, &c., all of which appear to be indispensible for the relief of the primary pains, but do little towards effecting a radical cure.

To relieve the primary symptoms, we have generally been in the habit of prescribing opium, with camphor, in the form of powder. This, in conjunction with the warm hip-bath, seldom fail to give immediate relief.

With a view to a radical cure of this disease, we have proposed the following course of treatment, which has in numerous instances been successfully carried into practice.

At the approach of the monthly paroxysms, the patient is advised to take a warm hip-bath, and go to bed. We then administer the camphor and opium powder as follows:—℞ Pulv. Opii, gr. i.; Pulv. Camphor, gr. x.; *m* ft. Pulv.

Next the glass speculum is introduced, through the calibre of which, a sponge, well charged with belladonna ointment is passed, and placed in contact with the os uteri. The sponge should have a tape passed through it in the form of a loop, by means of which it can be withdrawn without difficulty. The speculum is now withdrawn and the sponge retained.

The ointment is made after the following prescription :—R Ext. Belladonnæ, ʒ i. vel ʒ ij. ; Cerat. Simplic, ℥ i. ; *m* ft. Ung.

It may be well to observe, that some patients are much easier influenced by the belladonna than others. So that it will be safer to commence the treatment with one drachm to the ounce, and increase the strength, as may be found necessary.

We have occasionally found the pupil uncomfortably dilated from the free use of the ointment at the strength of two drachms to the ounce ; but not so with the weaker preparation. On the following morning, when the sponge is withdrawn, it will be followed by a quantity of the membranous shreds, together with the menstrual fluid, and more or less clots of blood.

If in the use of this ointment, we should be so unfortunate as to mistake an impregnation for dysmenorrhœa, a miscarriage would undoubtedly be the result. This, of course, we should use every precaution to avoid. If the finger be passed after the withdrawal of the sponge (even where no miscarriage has taken place), the os will be found to be considerably dilated, and the patient free from pain ; and generally will require no other palliatives during the continuance of the present menstrual flow.

Should the pains, however, return, it would be advisable to resume the use of the sponge and ointment as before. And the vagina should be daily cleansed by injections of tepid water.

At the expiration of from three to five days, the menstrual secretions will have passed by, leaving the os and cervix considerably dilated. During this condition of the os, a flexible catheter can without difficulty be introduced, which will afford ample opportunity for injections to be passed through it into the cavity of the *uterus ;* and thereby excite a reaction in the mucous membrane, and vessels of that organ.

Now, we are cautioned by Ricord not to attempt injections of nitrate of silver, &c., into the cavity of the *uterus,* as fearful inflammation and hysteritis would, in all probability, be the result. Nevertheless, we have for years been in the habit of injecting a filtered decoction of soot ; after a formula from Dr. Lablanche, of Bellegrade, France, published in the *Maryland Medical and Surgical Journal,* January, 1840, as fol-

lows :—Take of Soot of Wood, 2 handfuls ; Pure Water, i. lb. ; Boil for half an hour, and strain.

This preparation we have used freely as an injection, and we have never yet seen any evil consequences arising from its use.

Dr. Lablanche relied greatly upon this remedy as a lotion in tinea and herpetic affections, as well as an injection in chronic leucorrhœa. But to return to the practice we have generally adopted, and which has in most cases proved successful. The patient is at once put upon an alterative course of the bichloride of mercury, after the following formula :—℞ Ext. Sarsaparill Comp. ; Ext. Conii, a.a. ℥ss. ; Aquæ Glycyrrhiz, ℥vi. ; Alcohol, ℥ij. ; Bichlorid Hydr., gr. i. ; Ol. Gultheriae, q. s., to produce an agreeable flavor.

The bichloride and gultheria, should be properly dissolved in the alcohol before adding them to the mixture. Of this mixture we order a dessert spoonful to be taken morning and evening.

As a local treatment in conjunction with the above alterative, we recommend that the cavity of the uterus, be properly cleansed by injections of tepid water. This is immediately followed by injections of the decoction of soot, as above stated. Or we have more recently used a solution of creasote, three drops to the ounce of water, with the same success. The injections should be repeated once a day during the entire interval previous to the next menstrual flow. When that eruption again takes place the injections should be discontinued, until its entire cessation. After which the operation should again be resumed and so on from month to month until a cure is effected.

It will be rarely necessary to continue this course of treatment past the second or third month.

It may not be amiss here to observe that we have very generally found a great change in the appearance of the discharge, on its return after the first month's treatment.

Instead of shreds of membrane as before stated, we have now an albuminous discharge, at intervals between the regular monthly flow which very generally gives place to the regular catameniaof a healthy character, on the third month after the commencement of the treatment.

Although we have used the decoction of soot and the solution of creasote with very great satisfaction and success ; nevertheless we have no doubt, but that a solution of nitrate of silver or of sulphate of copper, would either of them be equally serviceable. For we cannot be persuaded to believe with Ricord that there is generally that fear of inflammation and hysteria which he so strongly apprehends.

We know that if any stimulus of a disagreeable character, were to enter the *fallopian tubes* it would, in all probability, be communicated to the peritoneum, in which case fatal consequences might be anticipated. But we are inclined to believe that the mouths of the fallopian tubes are only open under the height of venereal intercourse, and that any disagreeable stimulus would have the natural tendeney to cause a rigid closure of those orifices. And that, therefore, the lining membrane of the uterus, will bear with impunity any fluid that would be admissible as a collyrium in chronic conjunctivitis.

It will be highly important during the intervals to examine into the condition of the general health, whether plethoric or debilitated, as in the former case depressing medicines and low diet would be required. Whilst in the latter, a reverse course of treatment would be necessary, requiring tonics and a generous diet.

The bowels should, in all cases, be carefully attended to, that the patient be neither costive, nor too much relaxed. All active exercise should also be forbidden, and near the approach of the menstrual flow, the recumbent position should be advised.

By a strict adherence to the plan of treatment above described we can with much confidence state, that we believe very few cases of dysmenorrhœa will fail to be permanently cured.

ART. XIV.—*Compound comminuted Fracture; Amputation; Ligature of Femoral Artery.* By J. A. GRANT, M. D., Ottawa City.

On the 9th inst, at an early hour in the morning, I was requested by Dr. Allan of Metcalf village, Osgood, to meet him in consultation, and accordingly was at the appointed place, a distance of thirty miles, a few hours after receipt of notice.

CASE.

August 6th 10, A. M.—J. M. C. a farmer, of middle stature, while engaged in felling a tree, it, when almost separated from the stump slid off, descended perpendicularly upon the foot, fracturing the tarsal and metatarsal bone in various directions and wounding the dorsalis pedis artery. Shortly after receipt of injury Dr. A. was present, arrested the slight hemorrhage from lacerated vessels and dressed the parts. Upon my arrival *third day*, found greater part of foot gangrenous, also lower third of leg in a similar condition. No tendency towards the formation of a line of demarcation. At this period constitutional irritation was well marked, increased arterial action, thirst, heat of skin, slight restlessness

and previous night indications of delirium were manifest. Having resolved upon amputating, I, at the request of patient, with the consent of Dr. A. performed the double flap operation at lower third of thigh ; three arteries tied, lost very little blood during the operation ; edges of wound were then brought together with sutures and adhesive straps applied after the lapse of some time. Patient being left in Dr. A's. charge I returned home. August 14. Again called upon, secondary hemorrhage having supervened the day previous. Upon arrival found a most deplorable condition of affairs, patient pale, almost exsanguine and very anxious, pulse small and compressible, tongue dry and brown towards the centre, considerable restlessness. The tourniquet had been very judiciously applied but previously a quantity of blood had escaped unobserved by the attendants. Cold was assiduously applied to stump and tourniquet gradually slackened, being unable to bear the continuous pressure. Notwithstanding this precaution, blood continued to ooze from stump. During the night pressure was kept up at intervals and cold as formerly. 15th 9, A.M. Hemorhage having again occurred upon removal of pressure which could not be endured, the vessels were secured in situ as follows. Sutures being removed, the flaps immediately gaped exposing a large intervening clot, this being displaced with a quantity of decomposed tissue, ligatures were passed around the vessels whence the bleeding appeared to originate, taking the precaution of placing them well up in order to escape disorganized tissue. After the removal of pressure, bleeding being arrested, the parts were again brought together as formerly.

State of parts previous to interference.—Flaps, cold, flabby, much swollen, their line of apposition marked by a dark scar extending upon either side about half an inch, and retaining the sutures. No adhesive tendency in their edges. No effort towards plastic exudation. An hour after the parts were re-arranged, bleeding again returned, evidently proving that the vessels had also partaken in the surrounding disintegration. Every drop of blood being now necessary towards the prolongation of life, and he being unable either to undergo a second operation, or even bare the necessary pressure, I ligatured the femoral artery in the following manner. Patient being placed on his back and thigh slightly rotated outwards, so as to expose its inner and anterior surface, an incision three inches in length was made in course of vessel commencing about a hands' breadth below Poupart's ligament. The integuments, superficial fascia, and fascia lata being divided, a few fibres of sartorius muscle which presented were drawn aside. The sheath of vessels being next exposed by a slight manipulation, was also divided and

the artery secured by passing a ligature around it, from within outwards, avoiding the femoral vein. Wound being dressed patient was left in charge of Dr. A. From this date to 23rd, when I again visited him, continued to progress slowly. No recurrence of hemorrhage. Great portion of flaps sloughed, about two inches of bone denuded of periosteum and a profuse discharge from stump. Dr. A. during my absence observed the case closely and applied the necessary dressing. Notwithstanding every exertion he continued gradually to sink (although nourished by porter and broths) and expired on the 28th, hectic having supervened several days previous to death.

REMARKS.

The object is not to discuss the question of amputation, but merely to state a few reasons for adopting the steps taken in the above case. Here is an instance of traumatic gangrene spreading rapidly upwards towards the trunk. "The only hope of escape in such cases is by early amputation."* Where gangrene says Mr Guthrie, is rapidly extending towards the trunk of the body without any hope of cessation, the operation is to be tried; for it has evidently succeeded when death would in a few hours have ensued."† According to Larry and Lawrence the practice of operating at an early period is strongly advocated.

"It is an important rule that you should be guided in choosing the time for amputating, not by the formation of the line of demarcation which has been too much insisted on, and which I have, perhaps, myself too often waited for, but by the general condition of the patient."‡

On the other hand "So far as my experience is concerned, I believe that amputation should on no account be performed, so long as gangrene is in progress, whatever be its cause."§ "Although educated in these latter doctrines (*i e* early amputation, &c.) and strongly prepossessed in their favor, I feel bound to say that having acted upon them repeatedly, and having seen others do the same, the succcess has been very different from what I anticipated."‖

Taking into consideration that the period for primary amputation had been allowed to pass, also that there still remained an opportunity of attempting to prolong life, substantiated by numerous cases which might be brought forward, in order to prove the success of such practice, amputation, under these circumstances was accordingly performed. Doubtless there is great difficulty in ascertaining how far gangrene will progress, or where a line of demarcation will form. In the present case,

*Miller's principles, p. 259. † Drueits Surgery, p. 104.
‡London Lancet for 1855 Vol. 1, p. 479. Syme.
§Chelius, by South, Vol. 1, p. 95. ‖Fergusson's Practical Surgery, p. 112.

reflecting on the rapid transition, the (*lost*) state of tissue vitality, also its sudden extension to the trunk, there is every probability that a further retention of the limb, in its present state, would exert a doubly deleterious influence. 1st. Constitutional effects. 2d. An involvement of structure too great; thus placing him undeniably beyond the pale of operative interference. After the removal of limb, constitutional symptoms decreased with most surprising rapidity. The pulse sank in a few hours to near its ordinary standard, sleep which had been restless the previous nights, was composed and refreshing, his very countenance indicated the beneficial effects resulting from removal of an exciting cause. However only a temporary arrest was exerted towards a further dissolution of the vital affinities.

No circumstance can be more harrassing to the practitioner or alarming to the patient than the occurrence of secondary hemorrhage, particularly after the lapse of some days. The ordinary means of arrest failing, inflamed parts require to be disturbed, thus increasing pain and retarding union. An entire want of adhesive inflamation was here quite evident. Instead of the effusion of coagulable lymph, the parts remained seemingly quiescent for a time, then developed a further extension of incipient gangrene, Styptics, cold, pressure, and an application of ligature in situ all failing to produce the desired effect, deligation of femoral artery was accordingly performed, under very unfavorable circumstances. In cases where the destruction of tissue is so great as to be beyond the power of nature to repair, the practical remark of Hennen is—after occurrence of accident, the operation is to be performed "with as little delay as possible."—(*Chelius, by South, p.* 346. *Vol. I.)*

Ottawa, August 30, 1856.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXIV.—*On the diseases of infants and children.* By Fleetwood Churchill, M.D., M.R.I.A., Hon. Fellow of the College of Physicians, Ireland; Hon. Member of the Philadelphia Medical Society, &c., &c. Second American Edition, enlarged and revised by the author. Edited with additions, by William V. Keating, M.D., A.M., Physician to St. Joseph Hospital; Lecturer on Obstetrics and diseases of women in the Philadelphia Medical Association, &c., &c. Philadelphia: Blanchard & Lea. Quebec: Middleton & Dawson. Montreal: B. Dawson. 1856. Pp. 735.

This excellent treatise consists of two parts. The first is devoted to the management of infancy and children, and the second to the diseases of these same stages in life. The first comprises five chapters which are taken up with preliminary observations; management of birth; food; cleanliness; air and exercise. It extends over 70 pages. The remainder of the volume is occupied with the second part which is divided into eight sections, upon diseases of the cerebrospinal system; of the respiratory system; of the heart; of the digestive system; of the skin; of eruptive fevers; of fevers; and of infantile syphilis. Under these, except the last, subdivisions occur, in which are described the various species of diseases peculiar to each. The arrangement thus effected is both, simple and complete; and affords a favorable token of the attention displayed in the subsequent descriptions. These, upon examination, bear witness to the possession by the author, of an unusual share of erudition, he has, moreover, derived his knowledge from, we should say, every available source; and consequently has conducted his labours through a very extended series of monographs and periodicals the names of which are given in an appendix that takes up 9 pages of fine print. We can, therefore, readily believe the confession made in the preface, that much of the work was done "at hours which are usually devoted to rest." The profession, however, have been benefitted by this self-sacrifice, and the writer has for his solace the pleasing reflection that he has presented them with a judiciously assorted exponent of the present literature upon the subjects of which he treats. But there are even yet higher claims which his work possesses to notice. For there are portions in the ordinary accounts of such matters, as contained in former productions, that have not been amplified to an extent commensurate with their importance; to them the author has devoted special attention and gone far to supply the void thus offered. As an example, we may instance the sequelæ of diseases or the secondary disorders that often arise out of primary ones in their course or towards their termination. They have the stronger claim on our appreciation, because, as is justly observed, "they complicate and often confuse the symptoms of the primary affection, always seriously increase its danger, and often render it hopeless of cure. Their early detection, or what is far better, their anticipation and prevention, forms a very important part of the physicians duty; and I have endeavored as far as I could to facilitate this object by carefully noticing both the complications, to which each disease is liable, and the primary disorders to which it may become secondary." Several other points of originality might be exhibited, were it necessary, but it may suffice to observe that throughout the

text are frequent statements of the author's own experience, records of the prevalence of certain diseases, the peculiar phases he has observed them to have presented, the treatment which may be particularly considered to be his own, &c. And thus, has he accomplished not only much more than his predecessors in the same arena, but he has performed all and more than all that could be consistently expected from one harrassed with "the distractions of professional business," besides multifarious other causes of an equally engrossing character.

It would be difficult to signify the vast labour which has been expended upon the very valuable production above noticed, unless by illustration. We may remark, then, that in one single page no less than 35 authorities are quoted from—in which this number of citations are made of distinct cases of chronic hydrocephalus, p. 162. Each of whom, from the annexation of the references, we infer the author has personally consulted. Again, in the introduction to the article on croup, in about three-fourths of a page, fully 40 separate names are given of persons who have described the disease, and the year when each did so, is also appended. Research such as this, is evinced proportionately throughout the entire work and justly entitles the latter to the character of an Encyclopœdia on infantile diseases.

The subject of complications as we have before stated is the next peculiarity in the work that calls for commendation. As an example in proof we may take those of scarlatina as described by Dr. C., after speaking of the variations to which they are liable, and the causes by which these are modified, he proceeds to describe, at length, the following special kinds:—Affections of the mouth as muguet, aphthæ, ulcerated sore mouth, and cancrum oris; pharyngitis; gastro-enteritis; coryza; laryngitis; pneumonia; cerebral affections, including delirium, headache, stupor, convulsions, coma and paralysis; diffuse inflammation and glandular swellings of the neck; dropsy, upon which an ample digest of the literature on the subject is presented; ophthalmia; otitis; hæmorrhages; vaginal discharges and other sequelæ of a more promiscuous character.

And, lastly, as an instance of the authors own experience, we may take the example furnished in the chapter on dentition, which will be found, when read, to amply repay perusal. It is well known that some of the first physicians are at variance as to the propriety of lancing the gums. Dr. M. Hall and R. B. Todd, to wit., by one of whom it is extolled as a super-excellent expedient always to be adopted; while by the other this treatment is condemned as "the abominable practice." In this glorious uncertainty on a practical point, it is comforting to have

such an authority as Churchill, to quiet our doubts and fears. He then, openly and boldly, professes himself an advocate for free scarification. After premising several sound directions of his own as to the performance of the operation, he remarks, "a slight scarification of the gums for the relief of teething is of no use whatever; they must be cut down until we feel the lancet touch the teeth, and to the full extremity of the gum and a little further." He recommends in some cases crucial cuts, and if necessary frequent repetition: he adds, "I had a case lately in which I was obliged to use the lancet thirty or forty times, each tooth requiring several operations, and the suffering continuing until all were cut. From this case and some others like it, I am inclined to believe that there is an irritation of growth as well as that arising from the resistance of the gum, for the latter I took care to remove or cut." To impress the due pathological bearing of mis-dentition he offers a number of valuable observations, and concludes by saying, "I would beg my junior readers to bear in mind that many diseases which prove obstinate in infancy and childhood, but which originated quite independent of dentition, may owe their persistence to an excess of teething arising during their course, and that we shall fail in curing them unless we first relieve the gums."

XXV.—*A review of the present state of Uterine Pathology.* By James Henry Bennet, M.D., Member of the Royal College of Physicians; Physician-Accoucher to the Royal Free Hospital; formerly House Physician (by Concours) to the Hospitals, St. Louis, La Pitie, and la Salpetriere, Paris; author of a treatise on Inflammation of the Uterus," &c., &c. Pp. 75. 1856. Philadelphia: Blanchard & Lee. Montreal: B. Dawson. Quebec: Middleton & Dawson.

In this review Dr. Bennet examines critically the objections which have been advanced against his theory respecting uterine pathology.

To the practitioner who has had an opportunity, even a limited one, of observing uterine cases, it seems perfectly unaccountable that there should be men in the profession who absolutely deny the existence of inflammatory ulceration of the neck of the uterus. Were these men of small note or limited practice, their ignorance might fairly be placed to such account, but when we meet, among the most pertinacious objectors, with a name like that of Dr. Robert Lee, whose experience ought to be second to no other in Great Britain, it is, we repeat, unaccountable. If we know what ulceration consists in, and if our sense of sight be not

particularly defective, we can speak positively as to the existence of undoubted ulceration of the cervix uteri in Edinburgh, Dublin, and Canada.

Dr. Bennet next passes in review the leucorrhœa theory, the syphilis theory, the ovarian theory, and the displacement theory; and closes with a chapter on the use and abuse of the stronger caustics, in which he justly condemns the indiscriminate employment of this powerful class of remedies. "The conditions of local uterine disease," he remarks, "in which I consider that potassa cum calce may be used with advantage, are—*intractable* chronic inflammation, or inflammatory ulceration of the mucous membrane covering the cervix uteri, or lining the cervical canal; chronic inflammatory hypertrophy of the cervix; and, lastly, chronic inflammation of the body of the uterus, in which form of disease I merely apply the caustic potash to the cervix, to produce a derivative issue." With regard to the amount of action desiderated in the application of the caustic in various pathological conditions, he says:—"In chronic ulcerative disease, the caustic should only be lightly applied, the object being merely to renew the surface of the sore. In chronic hypertrophy, the object in view is rather different. It is not the destruction of the hypertrophied tissues which is desired; but the production of a state of increased vitality, bordering on inflammation, in these tissues, under the influence of which they soften and melt. This result is produced by the mere formation and elimination of an eschar, the size of a shilling, and a few lines in depth. It is certainly quite unnecessary to destroy any amount of diseased tissue, as has been recommended since I first introduced the plan of treatment; such a course greatly aggravates the importance and risk of the operative process, without any equivocal benefit arising to the patient. If the softening and melting of the indurated and hypertrophied cervix does not take place entirely on the first application, it may be repeated several times on different regions of the cervix, at intervals of four or six weeks. Although a more tedious mode of proceeding, I am convinced that it is a more safe one than the extensive destruction at one sitting of the indurated tissues of the cervix uteri, advised by some who have adopted the practice."

XXVI.—*Medical Jurisprudence.* By Alfred S. Taylor, M.D., F.R.S., Hon. M.D. Univ. of St. Andrews; Fellow of the Royal College of Physicians, and Lecturer on Medical Jurisprudence and

Chemistry in Guy's Hospital, London. Fourth American, from the fifth and improved London edition. Edited, with additions, by EDWARD HARTSHORNE, M.D., one of the Surgeons to Wills' Hospital, &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856. Pp. 697.

We are again called upon to notice another edition—the fourth American from the fifth London—of Dr. Taylor's work on Medical Jurisprudence; and we have pleasure in referring to the various addenda which it possesses over former copies. It contains numerous new cases, of which the daily commissions of multifarious crimes are too certain to insure an enormity. Their records have been sedulously scanned by our diligent author, and severally appropriated to the wants of his readers. There are many fresh instances of poisoning, especially of poisoning by hydrocyanic acid, morphia, aconitina and strychnia, which, together with the old ones, contribute to illustrate the most characteristic features of cases like these, that carry with them such an absorbing interest to the purely scientific mind. Next the attention is arrested with sundry novel incidents on infanticide, and the void formerly left empty in this measure of iniquity is undertaken to be supplied. On both these topics, so interesting to the physician, and revolting to the moralist, toxication and child-murder, yet further accessions have been inserted. Chronic poisoning has been more largely discussed, and different improvements described in the processes for performing analytical inquiry of a chemical order. That such has been much needed, may be exemplified by a single specimen; and one of which the profession have been lately painfully apprized, perpetrated as it was by one of their own members. Probably until public inquiry had so thoroughly sifted the matter, it would not have been admitted that the tests for strychnia were so difficult of execution, and so exceptionable in expression. This new book also exhibits a full revision of the medical evidence on matters allied to prolicide; to wit, respecting gestation. We think medical jurists will agree in the opinion that this is also a desideratum not lightly to be esteemed. Perhaps, however, no chapter has had so much ingrafting as the one upon wounds. There, may be identified additional "illustrations of ecchymoses or bruise stains, the production of wounds by falls, the distinction of accidental from homicidal, the influence of articles of clothing in modifying the appearance of personal injuries, the direction of wounds as furnishing evidence of their origin; microscopical and chemical examinations of the clothes and weapons especially in reference to the detection of blood, the distinction of human from animal blood, the concealed causes

of tetanus and cicatrices from diseases or wounds." Presenting together, in only one article, a collection of subjects from which had but a few been chosen, they might have been enough to have given a character of newness to a recent edition. The writer, however, evidently is not a mere book-maker, for his innovation is truly an improvement and not a monotonous repetition. Nor does the work merely reflect the passing declarations of others; while this cannot but be perceived by even a cursory observer, it is also conspicuous that the facts have been duly weighed, nicely examined, and specially digested. We had forgotten to mention that, with the foregoing are embraced contributions on survivorship under severe wounds of the heart and injuries of the head; on the question of spontaneous combustion, as well as other matters of probably minor importance. New communications have likewise been annexed to the original sections upon insanity, drowning, hanging, strangulation, and suffocation. And lastly, in the way of further ad lenda, several annotations have been inserted by the American editor, Dr. Hartshorne, which will be recognized by being included between brackets, and ending with the initial letter of this gentleman's name. In extension of his labours he has also omitted several unimportant notes and condensed those that are retained to prevent the volume attaining an inconvenient bulk. Altogether this edition contains about 100 additional pages.

It may be agreeable to the former patrons to know that "Taylor's Medical Jurisprudence" maintains its popularity as the hand-book on this department of medical science, and that its sale has been singularly extensive, for 10,750 copies have been issued since November, 1843.

XXVII.—*The Practitioner's Pharmacopœia, and Universal Formulary*; containing 2000 prescriptions, selected from the practice of the most eminent British and Foreign Medical Authorities. With an Abstract of the three British Pharmacopœias, and much other useful information for the practitioner and student. By JOHN FOOTE, M.R.C.S., London, formerly Surgeon to the Chelsea Hospital, St. Heliers, Jersey. With corrections and additions by an American Physician. 1855. Pp. 390. New York: Samuel S. & William Wood. Montreal: B. Dawson.

In Foote's Practitioner's Pharmacopœia is to be found a number of excellent formulæ for the administration of various medicines, sanctioned by the names of men eminent in the profession, which cannot but be

of great service to the novice at prescribing. Besides these, however "it comprises a brief sketch of the symptoms and treatment of certain accidents to which the human frame is liable, and also of the management of cases in which poison has been accidentally or purposely administered. We can cordially recommend the work as one which will be extremely useful to the general practitioner.

CLINICAL LECTURE.

Puncture of the Bladder. By E. A. Lloyd, Esq., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

(Medical Circular.)

Gentlemen,—On the last occasion I spoke of puncture of the bladder above the pubes, but could not go into all the points of it; one in particular, for our want of time, was omitted—one that ought to be considered by all who have to perform the operation when necessary, that is, of the safety or danger of performing the operation above the pubes, from the contiguity of the peritoneum. Some gentlemen maintain it is impossible to puncture the bladder above the pubes without wounding the peritoneum. I am not of that opinion, and if I was I would not do it. Now when the bladder is full it has got no peritoneum in front of it, but when empty it contracts, and the peritoneum goes down with it, and then without care in puncturing above the pubes the peritoneum might be wounded, but when it is distended there is no danger of wounding this membrane above the pubes. I will show you this the first opportunity in the dead house. If there was such danger in the operation I would decidedly, as I stated before, not do it. It is taught by some surgeons that the peritoneum is sure to be wounded in the operation above the pubes. This is stated in print. So far as wounding the peritoneum is concerned, some surgeons think it of no consequence, but I do. I am certain, however, the bladder may be punctured in this situation without injury to the peritoneum. If you make a large incision on any part of the abdominal parietes without wounding the peritoneum, it will not comparatively signify, but a smaller wound, with injury to the peritoneum, is always dangerous. If you puncture the peritoneum at all in this situation you puncture it twice. I do not believe that any one would feel at his ease if he believed that urine was escaping into the cavity of the peritoneum, which it would do if the membrane was punctured. The urine would be certain to insinuate itself by the sides of the canula or tube, and death would almost necessarily follow. Now I told you how this operation was performed; danger is prevented by an incision from one to one and a half inches long above the pubes, feeling the bladder and passing the instrument in, and, so proceeding, the peritoneum will not be wounded. I have done it for years without any infiltration, peritonitis, or other bad symptom: I have also seen Mr.

Abernethy do it. The peritoneum is, therefore, never wounded in the operation of puncture above the pubes, common care being taken in its performance. Always remember that the trocar should be thrust into the bladder immediately above the pubes, and you will have no reason to repent of your operation. Some surgeons say, patients die of peritonitis from this operation, but by them you are recommended to use an instrument five inches long, and leave it in the bladder (some such Mr. Lloyd exhibited), which is sufficient to produce peritonitis. Others say you must leave it in, and I cannot wonder such persons should have unsuccessful cases, but if the operation be done as I recommend, there will be no danger likely to ensue. I once knew a case in which the operation was performed, and a long metallic tube left in the bladder. On the third day after the patient died of peritonitis. At the post-mortem examination it was discovered that the tube had passed by ulceration through the coats of the bladder, and was progressing some way into the coats of the peritoneum. I will next describe the operation of puncturing the bladder through the rectum, although I prefer that above the pubes, but there are certain cases where it is right and proper sometimes to operate through the rectum. I think Mr. Cock who published a paper recommending this operation, has acted very wisely and conferred an obligation in bringing the subject before the Profession. Sir Astley Cooper punctured the bladder through the rectum, and Mr. Abernethy above the pubes; the cases were very fortunate in their hands. I do not consider the operation of puncture in the rectum very dangerous. Some persons recommend that you should do it very high up. Now, in my opinion, the most suitable situation is in the median line, a little beyond the prostrate where you first feel the distended bladder; directly resistance ceases, partly withdraw the trocar and pass on the canula. If your trocar is large, which it had better be, pursue the plan I recommended in operating above the pubes; that is, introduce through it an elastic tube, and withdraw over it the metallic instrument. There will not then be a chance of subsequent danger. There is no difficulty in the operation with ordinary care, but I consider there is just as much danger of wounding the peritoneum in this situation as above the pubes as I have seen the peritoneum closely adherent to the prostate. I was asked one day by an eminent surgeon, how the instrument was retained during the act of defæcation. It is a difficult thing to do this, but the plan I adopt is to tie a silk ligature to each of the holes, at the outer extremity of the tube, and attach it by means of a needle to the folds of integument, close to the rectum; there is no mischief or additional pain from it, I never used any bandages to keep it in. Suppose you were to operate in the country, in a union case, and suppose your instrument slips out, the bladder will fill again; but if the instrument, and that an elastic one, had been left in, you would know everything is going on well, and convalescence may occur in a few days. Of course you may have other cases in the country to interfere with your constant attendance in such a case as we are considering, and if you do not properly fasten your instrument there will be much inconvenience, and possibly on your second visit your patient may be dead or

dying; so I advise you to use effectual means to fasten on your instrument.

Now, I promised at the last lecture to detail another case of puncture of the bladder above the pubes. It was a more unfavourable case, but the event proved it was right to do it. I will narrate the case briefly; Mr. Skey mentions it in his book. A celebrated vocal performer had had stricture for many years, and repeated abscesses in the perineum, with several sinuses through the scrotum, perineum, groin, &c.; he had been under the care of a number of celebrated surgeons for some years, and at length was in such a miserable state that Mr. Abernethy proposed puncture of the bladder above the pubes. I was his house-surgeon at the time, and went with him as his assistant. The bladder was not much distended, but he was constantly passing water with great pain, it was considered the means to relieve him. He was so bad otherwise, he would have destroyed himself. Mr. Abernethy cut an inch above the pubes downwards, till he felt the bladder, and once feeling it, he took a common trocar, such as is used in paracentesis abdominis, and thrust it against the bladder two or three times, but without effect, for the bladder being nearly empty it receded from it. He then employed a double-edged scalpel, punctured the bladder, and tried to pass an elastic catheter into it, but could not distinguish the opening; he then made me try, and I passed it easily. Being a flexible catheter, it bent, and a considerable portion was retained. The next night was a delightful one for him; he was in greater ease than he had been for years. The catheter was left in for eight or ten days, and when we took it out, which was accomplished with great difficulty, it was covered with phosphatic incrustations. Another was put in, and after a while a silver one, and he used to draw off his own water himself when necessary, now escaping by the old sinuses. Subsequently symptoms arose that it was thought there was a calculus present, and it was intended to investigate this point, but in the meantime he died; he had lived, however, some two or three years in comparative comfort. After death the bladder was examined; but he had improved, as far as the stricture was concerned for some time before this. He died on the 15th and was examined on the 17th of April, 1821. General appearances of abdomen healthy; a large abscess in the right kidney, the contents of which were in communication with the pelvis of the kidney; left kidney tolerably healthy, a little matter only secreted by the mucous membrane of its cavities; ureters natural size; bladder *in situ*, closely contracted under the pubes; prostate gland enlarged and firmly adherent to rectum and surrounding parts. When the bladder was removed, and incised along its under surface, the coats were found thickened, but of natural density, the peritoneum freely adherent to its under surface, and extending under the margins of the prostate.

In this case you must have wounded the peritoneum, if the bladder had been punctured through the rectum. A little before this I examined a patient with Mr. Langstaff, with a similar condition. In the cavity of the bladder was a stone the size of a pullet's egg, another the size of a horse-bean, and two smaller ones. The calculi were composed of uric

acid, heavy, the urine used to be loaded with that; the centre of the bladder was more vascular than natural, and of a darker colour, but not more so than is usual where a stone has existed for some time. The urethra was hard but free from any active disease; the stricture comprised one eighth of an inch. It was situated just in front of the bulb, and here we might profitably discuss with advantage the most frequent seat of stricture, but time will show it. At the point of stricture there was no connexion with the external sinuses, a very important fact notwithstanding there were so many of them, and they were all traceable to the prostate, and had probably commenced in an abscess in that organ, and this would account for the constant leakage that there was from some of the sinuses. And here let me strongly impress on you that when there is any weight or uneasiness about the prostate gland, it is most important to attend to this symptom, as I have already told you in my lectures on gonorrhœa. One of the calculi was contained in a separate cavity, formed as it appeared between the inner and muscular coats. Now this condition has been found in many patients in this hospital sometimes between the inner and sometimes between the outer and muscular coats. That this cavity was the remains of an abscess was most probable because its bottom communicated with a sinus in the perinæum. The probability is, if an operation had been performed in good time for perineal fistula, a cure might have been accomplished, that is, before the formation of stone. Were calculi in any way attributable to fragments that might have broken off the incrusted catheter when first extracted at the end of ten days?

This is a most interesting case, and I have stated in my work on "Scrofula" that I have traced many of these sinuses to disease of the prostate itself. I have had in this hospital cases of fistula in perineo operated on and breaking out again, the sinus not having arisen from the strictured part, but from sources nearer the bladder itself. I have seen instances where potassa fusa and other caustics were employed, but without permanent benefit, the urinary fistula soon recurring. In one case of this kind the patient married, but to the day of his death the opening remained with passage of water through it. Therefore I am always very careful in these cases; but if you use potassa fusa, a red-hot iron, or divide the sinus, unless you reach this source, you run a great risk of doing more injury than good.

In regard to opening the urethra,—the membranous part of it, and passing an instrument into the bladder, I cannot say much in its favor; I do not confound this with Mr. Syme's operation, which is extremely useful in properly-selected cases. Or if you have infiltration of urine from stricture, you divide that which is perfectly justifiable, and a different thing.

But the operation of cutting into the membranous portion of the urethra for retention, I neither practice nor recommend. It is, I consider, the least appropriate operation for cases of retention. There is always liability if a catheter be retained long in that situation of a fistula in the perinæum, and moreover with a diseased perinæum it is the most difficult of the operations for retention. The operation above the pubes, and through the rectum, are generally quite sufficient in every case. When

you pass an instrument for retention of urine from stricture as far as the membranous or prostatic portion you must not use force because it is either obstructed by the gland itself, or the parts around it. If you use force you will lacerate the urethra, you will injure the prostate, and severe cellular inflammation takes place, and possibly in a week, or even less, your patient dies, a thing I have seen over and over again. If you do get in the bladder with force, it is through a false passage, or at the expense of great laceration. In this case you had better puncture the bladder, an operation which will prevent the urine passing into the diseased parts, and which will prove successful. I do not overlook other means to be employed in such cases, such as warm baths, &c.; ultimately the patient will do as well as if nothing had happened.

I may just advert here to the case of O'Brien, whose bladder I punctured above the pubes about thirty years ago, and whom many of you have seen, as he every now and then visits the hospital. He has through the whole of that period passed the whole of his water super pubem, and has suffered no inconvenience from wearing an instrument in that situation for so long a period. It was this patient who let the tube slip into the bladder, to remove which I operated as in the operation. He had previously suffered so much from the employment of bougies that he never would permit them to be employed again. He enjoyed an uninterrupted state of good health during the whole period, except on one occasion, when he met with an accident from his own imprudence.

I have another patient who has worn a tube in the same situation with great comfort, and without any material inconvenience, for twenty years.

THERAPEUTICAL RECORD.

(*British and Foreign Medico Chirurgical Review.*)

Albuminuria.—M. Mauchner recommends in the albuminuria and dropsy after scarlatina in children, the exclusive use of milk or rice diet. Under its influence, he says, an abundant urinary flux becomes established, which causes the disappearance of the dropsy; but should it not suffice for the cure he would seek to modify the urinary secretion by the use of alkalies. He recommends urea to be given in such cases in doses of one-third of a grain. It is to be gradually increased. When 6 or 8 grains are arrived at the urine is abundantly increased, and the dropsy rapidly disappears.

Chilblains.—Prof. Berthold employs decoction of nutgalls as a bath or applied by means of pledgets. The itching and burning disappear in 2 or 3 days, but in old cases the remedy must be continued longer. Oak-bark (1 to 2 lbs. of water) may be employed as a poultice. These remedies are not applicable to broken chilblains.

Convulsions.—M. Marotte relates the case of an infant, 11 months old, suffering from convulsions, with spasm of the glottis, during dentition. Chloroform was very cautiously administered with immediate relief; and in half an hour sleep was procured, and kept up by occasional respiration of the vapor for two hours, and then natural sleep ensued.

Congenital Hernia.—M. Jobert relates 4 cases treated successfully by iodine injection. The plan was proposed by Velpeau, 18 or 20 years ago. M. Jobert does not cut into the sac after Velpeau's method, but merely punctures it, varying the operation a little, according as the sac is full or not of liquid.

Chorea.—According to Dissey, chloroform inhalations have been used with advantage, at the Hopital des Enfans, in seven cases, where the violence of the movements have been beyond the control of opium or belladonna. It has been found at once to calm the movements and produce sleep, and in this way time has been gained for the employment of other remedies. On the first application of the vapor, the intensity of the movements is often greatly increased, but a calm succeeds, as the inhalation is continued. Dr. Bouchard relates a case of a girl in which severe chorea had lasted 21 days. She was subjected to the influence of chloroform 27 times in 21 days; at first twice, then three times, and, lastly, once a day, at the end of which time she was cured.

Ergot of Wheat.—Jobert concludes concerning this agent:—1. The medical and obstetrical property of this ergot is as incontestable as those of ergot of rye, and its effects are as prompt, as direct and as great. 2. Its hœmostatic action appears certain. 3. In the dose of one or two grammes, according to urgency, in cases of uterine hœmorrhage, during any period of pregnancy it has frequently succeeded in lessening, if not in completely arresting, the hœmorrhage; and this without appearing to produce any stimulant action on the uterus.

Facial Neuralgia.—M. Lecointe has employed chamomile, both in powder and concentrated infusion, in facial neuralgia in the periodic and non-periodic forms, with good results; even after other means of relief had failed; and believes it may in cases advantageously supplant cinchona. the dose in powder must not be less than 4 grammes and an equivalent amount of infusion.

PERISCOPE.

Dislocation of the Shoulder.—Dr. Dugas, in an article on this subject, in the Southern Medical and Surgical Journal, after stating some of the difficulties in diagnosticating this condition in some subjects, remarks: "The discovery, then, of some one, unequivocal, pathogneumonic fact, or sign, by which dislocation of this joint could in all cases be readily ascertained, must be a great desideratum. I believe that this will be

found in the following maxim: If the fingers of the injured limb can be placed (by the patient or the surgeon) upon the sound shoulder while the elbow touches the thorax, there can be dislocation; and if this *cannot* be done, there *must* be a dislocation." He demonstrates this by experiment made upon the skeleton. If it be a correct and infallible test, it is a discovery of importance, and we presume Dr. D. is entitled to all the credit of it.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

PREVENTION OF POISONING.

The annals of poisoning, we think, will prove that, at certain times there has been a fashion in poisons, the same as in dress, in doctoring and in other affairs pertaining to civilized life. At one period arsenic was the people's choice, then as its oft repeated trials induced a satiety in the public appetite, it was gradually forsaken, and now is scarcely heard of except as a fly-destroyer or rat-exterminator. Opium had also its day of preference, it long swayed every other morbid desire by its supremacy, and chained down the human taste in servility to its bondage. Then came prussic acid, and with equal imperiousness she passed through the ordeal of popular favor, constraining every judgment to an expression in her own behalf. And so with others, now little better known than even the veritable Moloch. Thus has the hydra-headed fiend, poison, risen age after age to display upon each decapitation, another monstrous attraction not less revolting than the first.

The fashionable toxic of to-day is strychnia,—poisoning by this agent having latterly become extraordinarily prevalent. The general interest produced in the world's mind during the trial of Palmer, "the English poisoner," appears to have awakened a corresponding curiosity to try the destructive properties of the agent with which he achieved his deadly purposes; affording melancholy illustrations of the potent influences that fascination and imitation are capable of causing. It were difficult to account for the predilection in favor of strychnia in any other way, than by referring it to these feelings in a state of morbid excitement; the desire to realize the creations of one's own fancy overruling the dictates of reason, and the propensity to copy the performances of others controlling free-will agency.

We also cannot help considering that the selection has been, so to speak, undeserving as well as unfortunate. For strychnia is objectionable, both as a suicidal and as an homicidal poison. Suicidally, because it causes extreme bodily suffering, so acute, indeed, as only to be tolerable because unavoidable—consisting of immense agony, arising from involuntary spasms that pervade the tenderest parts and bow down the body in the most painful postures, of excruciating cramps raging through the extremities and trunk, shortening up their muscles in rigid contractions, and of pains in the abdomen of a sharp piercing kind, which exceed in intensity the distress of colic. And then still worse, amid all this torture, the intellect remains unclouded, perfect consciousness is preserved and the mind continues painfully alive to the impending peril into which it has ushered itself unbidden. Homicidally, strychnia is yet more objectionable. Because there is no other poison more certainly or more readily discovered than itself. Very mistaken notions prevail upon this point, and it has been foolishly supposed that strychnia is a very safe resource, because it will tell no tales and baffle inquiry. But it cannot be too widely known that this is false. Nor is the falsity countenanced by the results of the trial we lately recorded, because, as stated, there were in that case special reasons which precluded discovery. In a more recent instance, that of Dove, where the attendant circumstances were more favorable, although the quantity employed was small, a portion was detected after death by Mr. Nunnelly. In future, too, at every suspicious case the first suggestion that will present itself, will be, did death result from strychnia? instead of being as heretofore one of the most distant possibilities entertained in the investigation.

During the past few months three distinct cases of poisoning by strychnia have become known to us. Their particulars are painfully interesting and briefly as follows:

The first we have condensed from a full description contained in the *Ayr (C. W.) Observer*. It contains the appaling crime of five murders and one suicide, all perpetrated by the one hand and at the same time. Affording together such an exhibition of wholesale life-destroying as the world is seldom shocked by. And having a special claim upon the attention of Canadians in having happened in their own land.

A farmer named John Bray, residing on the 10th concession of Blenheim, at the solicitations of his wife, took her to the Princeton Station, on the G. W. R. R., on Saturday morning last, she being desirous of visiting some of her relations residing somewhere near London. On Saturday evening, Bray told the servant girl that she might go home

and remain with her parents—near neighbors—until Monday morning, as he would not require her services on the Sabbath. He proceeded to tell her very particularly where his wife had gone to, and in case she might forget, he wrote with a lead pencil on one of the doors of the house, her address in full. On Sunday morning—according to the evidence of the eldest child, a boy about fourteen years of age, who fortunately recovered from the effects of the poison administered. Mr. Bray told his children that he had got some medicine from a doctor to give to them and that they were to eat as little food as they could during the day, as if they took much the beneficial effects of the medicine would be destroyed. About dusk on Sunday night, Mr. Bray proceeded to mix up the medicine, as he called it, with water in a dipper. He then gave the eldest boy three spoonfuls, and sent him off to bed up stairs. The next younger brother was served in like manner and sent to bed with the elder boy. The rest of the children also took the fatal poison from the parent. After the eldest son had lain in bed for a short time he heard his sister crying for water, and got up and called to his father, telling him his sister wanted a drink. Mr. Bray told him to go to bed again, remarking at the same time that the medicine would make them thirsty for a time, but they would soon get better. The boy went to bed and before long got into a very stupified and drowsy condition. He, however, recollects that his father came up stairs sometime during the night, and carried him and his brother down stairs and put them in his (the father's) bed. In the morning the boy awoke about sunrise, and felt very thirsty. In getting out of bed to procure a drink of water, he had got over his father and brother who were in bed with him—he being at the back of the bed—and in so doing, he discovered that they were both quite dead. He then went to another bed in the same room, and found his twin brothers and a sister also quite dead. Proceeding to the kitchen he found another brother lying dead in the servant girl's bed. He then became quite exhausted and lay down. About eight o'clock on Monday morning, the servant girl returned to the house, and hearing her enter, he told her they were all dead but him, and he was so weak he could not get up. Drs. Boyed and Treffrey made an examination of the bodies and gave it as their opinion that death had been caused by the administration of strychnine—a bottle of which, about half-full, was found on one of the window sills in the house. Some of the mixture in the dipper was also examined and found to consist of strychnine and water, and the boy stated that his father took the poison out of the bottle on the window. The jury returned a verdict in accordance with the foregoing evidence, "that death had

been caused by the use of strychnine—administered by the father of the family."

The second is an accidental case, where death was caused, by strychnia dispensed by mistake for calomel. It happened on 27th July. Our information is derived from a short account contained in the Medical Circular.

The victim was a little boy, aged 8 years, an inmate of the Bailie Borough, Union, in the County of Cavan, Ireland, to whom a powder, supposed to consist of calomel and jalap, was administered by his mother at about ten minutes before seven o'clock on the morning of the above-mentioned day. From the mother's testimony before the coroner it appeared, that, in a very short time after swallowing the powder, the child worked in fits, and shouted out, "Oh, they are coming for me!" He had no appearance of locked jaw; he swallowed everything he got. The mother immediately ran for a doctor, who saw him without delay. He states that he found the deceased sensible, and speaking rationally. He was labouring under very violent tetanic convulsions. He had no vomiting. The extremities, upper and lower, were perfectly rigid and extended. The patient was trembling violently, and was one shaking mass in constant motion. The pupils of the eyes were dilated to their fullest extent. The eyeballs appeared to be protruding out of their sockets. The doctor immediately went to the surgery for an emetic, and on his return the boy was dead. On post-mortem examination, strychnia was discovered in the contents of the stomach. Part of the stomach appeared as if it had been sprinkled with red ink, the rest was healthy. The liver and other abdominal organs were healthy. Strychnia was likewise discovered in a second powder, which had been given to the mother along with that administered to the child. On the inquest it appeared that the doctor, who was acting during the temporary absence of the medical attendant of the workhouse, had, in compounding the medicine for the child, used a portion of the contents of a bottle on which were two labels—one before and one behind—marked strychnine. Dr. W—— stated that he was guided by the back label, the inscription on which was somewhat imperfect, and was read by him as "submurias hydrargyri." The jury, after a lengthened consultation, agreed to the following verdict: "We find that the deceased came by his death on the morning of Sunday, the 27th of July, in consequence of strychnine prescribed [dispensed] by the doctor, in mistake for calomel, and administered by deceased's mother; and we are perfectly satisfied that he had no evil intention."

The last case is that of William Dove, for the murder of his wife at

Leeds, England. The trial commenced 16th of last July. From the *Medical Times and Gazette* we learn that Dove was a man concerning whose sanity doubts were entertained: chiefly because he had been a cruel mischevious, idle, silly person, addicted to intemperance and self-indulgence, without any settled notion of religion, following no useful employment, and the performance of sundry foolish acts, such as putting a loaded pistol into his own mouth, torturing cats, &c.—the plea, however, was not substantiated, and the trial proceeded. He had used previous endeavors to accomplish his end, but unsuccessfully. On the occasion, however, that proved fatal, he mixed some medicine in a glass, gave it to his wife, and soon after tetanoid convulsions, arching of the back, and the final agony of death supervened. It was proved that he had strychnia in his possession, and this agent was discovered at the necropsy. The latter was conducted with great care; the gastric contents were not suffered to escape, and strychnia was expressly sought for. His motive appeared to have been a desire to get rid of the wife, whom he hated, and to take another: the murder was planned and executed with extreme artifice and deliberation. He was very averse to a post mortem enquiry; he neither confessed his crime, nor offered any explanation of accidental administration, but adopted a dogged silence whenever an attempt was made to elicit from him information relative to the deed. He was found guilty, with a recommendation to mercy. It will be perceived there are several points of similarity between this and Palmer's case, suggesting the probability that the latter had infected Dove with the virus of imitation.

The foregoing cases evidently import a prevalence in the use of strychnia that is truly alarming. They also serve to indicate that the disposition to poisoning, generally, is on the increase; and such an evil, we think, loudly calls for prevention. Decided measures should be taken to arrest its onward march. And we believe a successful effort might be exerted;—not, certainly, by one individual, nor by the members of a single profession, but by the authoritative enactments of the Legislature. No person's life is safe, as long as the present system continues of selling, indiscriminately, the most noxious substances. Now every one—an adult or a child—without let or hinderance, has free access to these means. And from the facilities afforded by household arrangements, they may be employed in the most covert manner. We, therefore, submit that there exists an urgent necessity for amending the mode of retailing poisons that at present prevails, that cogent measures should be legally enforced for restricting the sale of these agents, and severe penalties be exacted in every instance of infraction of the con-

ditions upon which the disposal is permitted. The benefit derivable from legislation is well shewn in the diminution in Great Britain of the cases of poisoning by arsenic, since "the Arsenic prevention Act" has come into force. There is also reason to hope that shortly a more enlarged Act, embracing the prevention of poisons generally, will be likewise instituted. Lord Campbell having recently suggested in the House of Lords the necessity for such protection. And we trust, as there exists in this country an equal necessity, that we shall be favored with a similar boon. The desired object might possibly be worked out in various ways, but it seems to us that a plan embracing the following intentions would be most desirable :—

1. To interrupt the promiscuous dispensing that now exists. At present the dealers in poisons are more numerous than the traders in gunpowder or alcohol. Instead of being confined, as these articles, to a set of business men, they are freely disposed by apothecaries and druggists everywhere, by grocers and country storekeepers, more or less. They are kept by doctors and irregular practitioners of every *ism*. While no precaution is observed to prevent the use of the poison by accident or mistake. They are lavishly spread out before apprentices, servants, children, and strangers, favoring the opportunity occasioned by a chance misfortune, in consequence of either being placed along side of another drug which they resemble, and for which they are dispensed in a careless moment, or else the big label, POISON, tempts some weak mind to improve the moment of suggestion, and try what the evil really is.

2. To limit the disposal of poisons to one class of individuals. In our opinion it should be solely entrusted to apothecaries. Grocers can assuredly have no claim to the trade, and, for the sake of preserving life, doctors, we feel, would forego their right to hold possession of poisons. In towns, where, however, this last exemption could only be expected, no inconvenience would be experienced, for by the general adoption of the system of prescription when poisons required to be exhibited, any embarrassment, that might otherwise be felt, would be counteracted. Such a restriction does not proceed from any distrust in the physician, or greater confidence in the apothecary, but it is designed to give effect to the general plan.

3. To confine the use of poisons to medicinal purposes. Venders should, to this end, be proscribed from selling these deadly substances, as they now do, upon any pretext that is plausible, such as to take out ink stains, to kill cockroaches, &c.

4. To ensure greater accuracy in their distribution. This object might very easily be attained. As by allowing, in no case, a particle of

poison to leave the shop without the written order of a physician; and instructing the latter not to give the same party, on one occasion, more doses than would collectively make a quantity less than that which experience has proved to be the smallest fatal dose, so that, in the event of the entire mixture being swallowed, no injury need be apprehended. And, lastly, to guard against the mishaps of juvenile ignorance, the bottle holding the poison might be different from those containing innocuous remedies—say of blue glass, with a peculiar style of label containing in large letters both the scientific and popular names on separate lines, and beneath these a distinct statement of the proper dose, and of the smallest fatal quantity.

MEDICAL COLLEGES—UNITED STATES.

We have received annual announcements from the faculties of several of these corporations, which we have much pleasure in specifying below.

Annual Announcement of the Medical Department of Pennsylvania College, Philadelphia, Ninth street, below Locust.

Fourteenth Annual Catalogue and Annual Announcement of Lectures of Rush Medical College, Chicago.

A Catalogue of all the Graduates of the Jefferson Medical College of Philadelphia, with Announcement.

Fifth Annual Announcement of Lectures of the Miami Medical College of Cincinnati.

Report and Announcement of the Medical Department of the University of Pennsylvania, Philadelphia.

Howard University, Massachusetts.

Medical College, Boston, Announcement of Lectures.

Without being invidious, we may observe, in a general way, that these various documents set forth in a flattering manner the special advantages of the different seats of learning from which they have emanated. Concurring in offering to the expectant pupils full facilities for prosecuting their medical studies, and promising a complete education on matters that commonly form subjects of lectures, provided, as a *sine qua non*, that the students themselves are apt and diligent.

Much of what is written in announcements is, unfortunately to be construed, with slight subtractions, on account of the *couleur de rose* which notoriously pervades publications of this kind. We think a faded pink wrapper a very fit envelope for these annual appearances. Although it

is true, as a rule, they are merely advertisements in a more emboldened form, yet the same end might still be attained, and much more modestly, too, if the writers were less vaunting in their professions and declarations. We trust, too, in future, that the compilers will not form such a low estimate of their readers' abilities, by undertaking to define the meaning of such common-place words as anatomy, physiology, &c. And if they write for physicians and guardians who are making up their minds where to send their charges it cannot certainly be necessary to inflate the boundaries and scope of the respective departments as they are paraded. We may be guided by a very contrary rule, but our inclination is always to expect least from the teacher or class that happens to be most imposing in pretensions. It is but just to observe that these remarks are not specially applicable to the announcements above named; they have rather been suggested by announcements generally, Canadian as well as American, and, as such, their propriety rests on an ample basis.

LAVAL UNIVERSITY.

We have heard but little of this seminary of learning for some time. Recently, however, our attention has been attracted to an announcement of the opening of its classes for the session 1856-57. Which event took place on the 9th ultimo, under as favorable auspices as circumstances would allow. The medical department affords valuable opportunities for the attainment of an extended knowledge in our profession. And we believe no expenses have been spared to procure a large assortment of means of illustration for the assistance of the various lecturers. A great portion of the museum has been imported expressly from Paris at great cost. We understand that it is the intention to append to the former staff a Professorship of Institutes of Medicine. This is a very wise procedure, and is merely in unison with the present enlightened state of medicine. For histology, physiology, morbid anatomy, and pathology, which are all included under this domain, have become so amplified by the researches and additions that have been contributed from various quarters during the past half-century as now to constitute a distinct branch of medical teaching, instead of severally encroaching, as formerly, upon the privaleges of neighboring sections to which they could only claim the affinity of co-relation. We have much pleasure in further adding that Dr. W. Marsden, of Quebec, has been recommended by the Medical Council, or Faculty, to the University Council, as the most fit and proper selection that can be made. Our personal knowledge enables us unhesitatingly to accord in the corporate opinion so decisively

expressed. Possessing, as he does, in himself the attainments, so rarely met with, that are necessary to adorn a popular lecturer, and render his teachings attractive. And having the additional recommendation, as we have been informed, of having already delivered courses of lectures on physiology with great success. We hope we shall next have to chronicle the due installment of the deserving Dr. in his professorial chair.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From April 2 to June 4, 1856, inclusive.—We acknowledge, with thanks, the receipt of this interesting document. It forms No. 1 of Vol. III., of a new series. The major portion is taken up with a very full memoir of Moréton Stillé, M.D., that was read at the stated meeting, 2nd April, by Dr. Hollingsworth. And the conclusion is found a remarkable case of protracted sleep, the report of which extends over several pages.

Prescott Mineral Water.—Several Mineral Springs have been lately discovered near the Junction of the Grand Trunk and Ottawa Railroads, Prescott. One of these has been chemically analysed by Dr. R. W. Evans of Prescott, who found the water to contain a large quantity of sulphuretted hydrogen gas, chloride of sodium, potassium, and a trace of iron and magnesium. The Dr. considers this water would be useful "in rheumatism, dyspepsia, hypochondriasis, torpor of the intestines, consumption, constipation of the bowels, and visceral obstructions and scrofulous affections; also in cutaneous diseases, if applied in the form of a water bath." We hope his patients will not prefer it to his medicines.

Coroner's Inquests in California.—The *True Californian* newspaper says:—"We are informed upon reliable authority, that the Vigilance Committee, in their investigation into the case of Thomas B. Cunningham, have elicited satisfactory evidence that he was in the habit, while connected with the office of Coroner in this County, of disintering the bodies of persons who had been buried, for the purpose of dropping them in the docks, and thus receiving the fees attending an inquest. In this way, it is said, one body has been made to do service three or four times —or as long as it would hold together. This accounts in part for the great number of bodies that, but a little while ago, were constantly found under the wharves."

TRI-ENNIAL MEETING OF THE COLLEGE OF PHYSICIANS, &c., L. C.

Trois Rivieres, 9 juillet 1856.

L'assemblée triennale des membres du Collége des Médecins et Chirurgiens du Bas-Canada a eu lieu ce jour, au Palais de Justice, en la ville des Trois Rivières. Furent présents: les Drs. Holmes, Chamberlin, Boyer, Von Iffland, Fowler, Jackson, Brigham, Gilmour, Trudel, Weilbrenner, Morrin, Bibaud, Tresler, Sutherland, Marsden, Wright, Munro, Sabourin, Russel, (R. H.) Jones, Peltier, Landry, Turcotte, Fraser, Picault, et Badeau.

Le Dr. Holmes, Président du Collége, prend le fauteuil.

Le Dr. Landry, l'un des Secrétaires, lit le procès-verbal de la dernière assemblée triennale, lequel est approuvé.

Le Dr. Peltier, l'autre des Secrétaires, fait la lecture du Rapport pour les trois années qui viennent de s'écouler, et qui se trouve à la fin de ce compte-rendu.

Le Président invite les membres présents à faire les observations qu'ils jugeront convenables touchant ce Rapport, lequel est approuvé.

L'assemblée procède alors aux affaires générales du Collége, et conformément à un avis de motion publié suivant les Statuts, il est proposé par le Dr. Chamberlin, secondé par le Dr. Peltier,—"That the 2nd Section of the amended Rules and Regulations of the College of Physicians and Surgeons of Lower Canada be altered or amended in so far as related to the holding of Triennial Meetings at Three Rivers, and that Richmond be substituted for Three Rivers."

Après quelque discussion à laquelle les Drs. Morrin, Chamberlin, et Fowler, prennent surtout part, il est proposé par le Dr. Morrin, secondé par le Dr. Boyer, et résolu,—Qu'à chaque assemblée triennale des membres du Collége l'assemblée désignera le lieu où devra se tenir la prochaine assemblée triennale.

Il est alors proposé par le Dr. R. H. Russell, secondé par le Dr. Fowler, et résolu,—That the next Triennal Meeting shall take place at Melbourne.

Conformément à un avis de motion publié en la manière prescrite par les Réglements du Collége, il est proposé par le Dr. Marsden, secondé par le Dr. Sabourin,—That the Bye-laws regulating the fees of the College be amended by substituting for the words "which fees will be returned to unsuccessful candidates," the following: "one pound five shillings, of which fee shall be forfeited to the College after the first

unsuccessful examination for the practice, and twelve shillings and six pence on and after the first unsuccessful examination for the study, and that the balance of fees in both cases be returned to the said candidates."

Laquelle motion étant mise aux voix, est agréé à l'unanimité.

Le Dr. Marsden secondé par le Dr. Trudel, donne avis qu'il proposera à la prochaine assemblée triennale d'amender la 4ème. section du chap. des Statuts du Collége, intitulé " Des Membres," en retranchant les mots après " membres" jusqu'à " voter," et en leur substituant les mots suivants ; " *nul membre du Collége ne sera éligible comme gouverneuv ni ne pourra voter,*" etc., de manière que la Règle ainsi amendée devra se lire comme suit ; *nul membre du Collége ne sera éligible comme gouverneur ni ne pourra voter a aucune des élections triennale a moins qu'il n'ait payé tout ce qu'il avait a payer.*

L'assemblée procède, par voie de scrutin, à l'élection de trente-six gouverneurs devant composer le Bureau Provincial de Médecine pour les trois années à venir. Les procurations suivantes de membres absents ayant droit de voter, ayant préalablement été produites de la part des Drs. A. Hall, J. P. Russell, E. Coderre, J. Marmette, G. E. Fenwick, J. Wolff, J. A. Sewell, Scott, Howard, Campbell, C. Frémont, Ol. Robitaille, et C. E. Lemieux.

Les Drs. Trestler, Sutherland et Russell sont chargés de faire le dépouillement du scrutin.

L'assemblée s'ajourna pendant deux heure ; à la réunion de nouveau les scrutateurs remettent au Président la liste suivante, contenant les noms des membres qui ont réuni le plus grand nombre de suffrages, et celui-ci proclama, en conséquence, gouverneurs du Collége et membres du Bureau les messieurs dont les noms ont déjà été donnés sur le Journal de Médecine, le 1er Septembre dernier.

Le Dr. Weilbreneur, au nom du comité chargé de réviser les comptes du Trésorier, vient faire rapport que ceux-ci sont parfaitement corrects, et recommande une réduction dans les dépenses encourues pour publication d'annonces dans les journaux.

Le Dr. Fraser secondé par le Dr. Turcotte, et il est résolu, *nem. con.* Que des remerciments sont dus et offerts aux Officiers sortant de charge pour le zèle dont ils ont fait preuve dans l'exécution de leurs devoirs respectifs.

Des remerciments spéciaux et flatteurs sont particulièrement offerts au Dr. Holmes, Président de l'assemblée, pour la manière habile et tout-à-fait impartiale avec laquelle il a conduit les affaires de la journée.

Une assemblée du Bureau des Gouverneurs venant d'être élus, eut lieu immédiatement après l'assemblée triennale, aux fins d'élire ses Officiers pour les trois années à venir. Furent présents : Drs. Morrin, Sutherland, Chamberlin, Boyer, Peltier, Jackson, Marsden, Badeau, Russell, Von Iffland, Fowler, Brigham, Weilbrenner, Sabourin, Bibaud, Munro, Jones, Turcotte, Fraser, et Landry.

Le Dr. Holmes préside l'assemblée. Les Drs. Badeau et Chamberlin agissent comme scrutateurs. L'assemblée procède à l'élection du Président, et le dépouillement du scrutin donne le résultat en faveur du Dr. Frémont.

Le Dr. Frémont est en conséquence proclamé Président du Collége et du Bureau du Gouverneurs.

L'assemblée passa à l'élection des deux Vice-Présidents, et le Dr. Von Iffland ayant réuni la totalité des suffrages, est déclaré Vice-Président du Collége pour le District de Québec, pour le District de Montréal les suffrages donnent la majorité au Dr. Hall.

Immédiatement après son élection, le Dr. Von Iffland est invité par le Président de l'assemblée à prendre le fauteuil, et le Dr. Holmes en se retirant reçoit, de nouveau, un vote de remerciment, unanimement offert par les Gouverneurs, sur la proposition du Dr. Marsden, secondé par le Dr. Munro, pour sa conduite impartiale, comme Président, pendant les trois années qui viennent de s'écouler.

Le Dr. Jones est ensuite élu *nem. contr.* à la charge de Régistrateur et Trésorier.

Les Drs. Peltier et Landry sont réélus Secrétaires du Collége.

L'assemblée s'ajourna au second Mardi d'Octobre prochain, à Québec.

J. E. P. LANDRY, M.D.,
Secretaire, Col. Med. et Ch., B. C.

THE REPORT.

In comformity with the Bye-laws, and for the information of the members of the College of Physicians and Surgeons, the present Board, before resigning, begs leave to submit a report of their proceedings during the past three years.

The meeting held in Three Rivers, on the 13th July, 1853, was the second General Meeting of all the members of the College. The Officers elected for the ensuing three years were : Dr. Holmes, President ; Dr. Boutillier of St. Hyaciuthe, and Dr. Frémont of Quebec, Vice

Presidents; Dr. Peltier of Montreal, and Dr. Landry of Quebec, Secretaries; and Dr. Jones, Registrar and Treasurer.

The Board feels happy to mention that all its Semi-Annual Meetings were attended faithfully by most of the members, though, at a great inconvenience to many, but understanding, one and all, the nature of their trust and the importance of the task they never failed to do their duty. The Board has also much satisfaction in noticing the high professional attainments manifested by the majority of the candidates for license during their examinations, evidencing the efficiency of the teaching through which they had passed.

The number of licentiates, and especially of students entering upon the study of medicine, has been very large during the past three years. Licentiates with Diplomas and not having had to submit to examination, 29; licentiates after successful examination, 28; and there were 7 rejected, of whom, 1 four times; 3 twice. Students entering upon their medical studies, and after successful examination, 86; and 11 others rejected; chemists and Druggists, 4.

A vacancy having occurred by the death of Miville DeChêne, one of the Governors for the District of Quebec, Dr. Charest was elected in his place, Dr. Tavernier, one of the Governors for the city of Montreal, having removed from the Province, Dr. Boyer was elected to fill up the vacancy. Dr. Dubois, one of the Governors for the District of Quebec, having never attended any of the meetings, and not having sent any excuse for such continued absence, his name was erased from the list of Governors, and Dr. Têtu was elected to replace him.

As year after year gentlemen were making applications to the Secretaries to obtain an examination without furnishing any credentials on the plea that they had begun their medical studies previous to 1847, the Board decided that they had all to submit to the required curriculum.

Two motions have already been submitted at the Semi-Annual Meetings and will have to come before this Triennial Meeting, as they tend to change some of the present Bye-laws. One is to impose a fine of 25s. on all unsuccessful candidates for license; and the other is for changing the seat of Triennial Meetings to some other central place instead of Three Rivers.

A. F. HOLMES, M.D., *President*

J. E. P. LANDRY,
HECTOR PELTIER, M.D., } *Secretaries.*

Montreal, 5th July, 1856.

TREASURER'S STATEMENT.

Cash received from the late Treasurer, Dr. Arnoldi, July, 1853..... £183 16 4

	Money Expended.	*Cash on hand.*
October Session, 1853.....	£92 15 8	136 5 3
May do., 1854.....	64 4 5	143 10 11
October, do., 1854.....	64 1 1	125 18 5

Examined and found correct,

Signed, P. A. C. MONROE, M.D.
R. H. RUSSELL, M.C.

May 8, 1855.

	Money Expended.	*Cash on hand.*
May Session, 1855.....	£57 5 4	£171 13 1
October do., 1855.....	65 8 6	145 11 3
May do., 1856.....	69 12 8	201 8 7

Examined and found correct.

Signed, R. C. WEILBRENNER, M.D.
W. A. R. GILMOUR, M.D.

Three Rivers, July 9, 1856.
(True copy.) THOS. WALTER JONES, M.D.
Treasurer and Registrar.

September 26, 1856.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 31st July to the 3rd September, 1856.

	Men.	Women.	Children.	Total.
Remained,	68	9	4	81
Since admitted,	118	14	0	132
	186	23	4	213
Disharged,	142	13	4	159
Died,	3	0	0	3
Remaining,	41	10	0	51
	186	23	4	213

Fever,	17	Dislocation,	1	Feb. Intermit.,	5
Inflam. of Lungs,	9	Abscess,	4	Phlegmon,	1
Do. Liver,	3	Ulcers,	2	Diarrhœa,	4
Do. Bowels,	4	Wounds,	3	Delirium Tremens,	2
Rheumatism,	10	Contusions,	13	Stricture,	1
Dysentry,	13	Pregnancy,	8	Scrofula,	1
Small Pox,	1	Gastritis,	1	Hæmorrhoides,	1
Diseases of Skin,	3	Colic,	1	Cystitis,	1
Syphilis,	15	Icterus,	1	Destitution,	2
Fractures,	3	Neuralgia,	1	Conjunctivitis,	1

C. E. LEMIEUX, House Surgeon.

BOOKS RECEIVED FOR REVIEW.

Wood's Therapeutics and Parmacology, 2 vols, 1856. From Messrs. Lippincott & Grambo, Philadelphia.

Draper's Physiology, 1856. From Messrs. Harper & Brothers, New York.

Churchill on Diseases of Children, second edition, 1856. From Messrs. Blanchard & Lea, Philadelphia.

Lyman's History and Statistics of Ovariotomy, 1856. From the author.

Haskell's Essays on the Physiology of the Nervous System, 1856. From the author.

MEDICAL NEWS.

The New York *Journal of Medicine* and New York *Medical Times* have been combined under the editorial control of Drs. S. S. Purple, Stephen, Smith and H. D. Bulkley. The first number of the new series has been received, and is, in all respects, worthy of patronage.——Dr. Joshua Flint, of Louisville, succeeds Professor Gross in the Louisville College.——Dr. H. Wales, of Boston, who recently died in Paris, after undergoing an amputation of the leg, necessitated by disease of the tibia, has bequeathed his valuable library to Harvard College, together with his entire fortune, amounting to about $40,000.——Radcliffe advises the medical student in his earlier years to divide his time betwenn the teachers of fencing and dancing.——Mead says, "the fashionable gesture and gentle manner of feeling the pulse agreeably is half the business."——The key-stone maxim on which all the great principles of medical ethics rest is a constant habit of *extolling yourself and depreciating your neighbor*—a gossiping female with a long tongue goes to make a fortune for a practitioner.——It is said the *thee* and *thou* of Dr. Fothergill, of London, was worth at least £2,000 a year to him.——Leeches bite like mad if the skin be first reddened by a mustard plaster.——A healthy boy has lately been born without eyes. The mother says, when nearly three months advanced in pregnancy, she was frightened '*half to death*' by suddenly meeting a large cat in a dark entry, eyes glaring like balls of fire, and *winking* in a most singular manner.——The late Dr. Treadwell, of Salem, was said to have left the bulk of his property, amounting to about $100,000, and his valuable medical library to the medical department of Harvard College; but this has been since contradicted.——The sage Dr. Punch observes, "female headaches are innumerable, but they arise principally from vexation and disappointment. They may be divided into the "nervous" and the "sick." The nervous is irritable and cannot bear to be spoken to; the sick is despondent or sulky, and bursts into tears at the least contradiction. Very apt to come on from the lady not having her own way, or a stranger being brought home to dine, &c." An uncommon quick cure is said to be, wrapping up the neck in a new shawl, the application of a piece of jewellery, &c., &c.——Dr. Gill succeeds Dr. Addison as Lecturer on the principles and practice of medicine at Guy's.——Miss Catherine Hayes has given £600 to the Melbourne Hospital; a new wing is to be added to it, to be called the "Catherine Hayes ward."——"Addison's disease" is the name M. Trousseau has proposed for disease of the supra-renal capsule, marked with a bronzed state of the skin. ——During the second week of August there had been 28 cases of cholera in London, which had ended fatally. Their general duration points to the disease as being the common Summer type. The shortest was 12 hours, the longest 11 days.——The Academy of Science, at Montpellier, offers for 1857 a prize of 400 francs for the best Essay, written in French or Latin, upon the medico-chirurgical study of uterine deviations.——In 1858, a prize of 500 francs will be offered by the same body for the best Essay on the relations between alimentation and respiration.——The Royal College of Surgeons, Edinburgh, have unanimously elected Dr. Andrew Smith, the Director General, an Honorary Fellow of their College.——The number of graduates of Jefferson Medical College, from its commencement, in 1825 and 1856 inclusive, has been 3,597.——M. Beau has recently been elected a member of the Academie de Médecine in the section of Pathological Anatomy.

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ORIGINAL COMMUNICATIONS.

ART. XVI.—*On disease of the supra-renal capsules, with a case.* By D. C. MacCallum, M.D., M.R.C.S.L., Professor of Clinical Surgery, McGill College. Physician to the Montreal General Hospital, &c.

The thymus gland was, with great honesty, very properly termed by Joseph Franck, the *corpus incomprehensibile*. Nor is it the only organ in the body to which the term is applicable. The functions of those other bodies allied to the thymus, including with Eckert the *pituatory gland*, which are known as the vascular or ductless glands, are apparently as little understood by authorities in physiology now as ever they were. And this, notwithstanding the repeated investigations of careful and talented observers. As regards the supra-renal or atrabiliary capsules, so diverse are the statements made by different anatomists and physiologists concerning their structure and functions, they would appear to be peculiarly entitled to the appellation of incomprehensible bodies. These capsules or glands are small, flattened, triangular bodies, which vary considerably in size in different individuals. They ordinarily measure, however, about one inch and a half in height; an inch in width, and from one to two lines in thickness. The weight of each is from one to two drachms. According to Rokitansky they are occasionally deficient, especially when there is a deficiency in other organs also; they are generally present when one kidney is absent; and the fusion which so often occurs in the kidneys, is not found to take place in them. "Accessory supra-renal capsules, indicating an apparent excess of development, are of frequent occurrence. Several flattened accessary supra-renal capsules are then found in the renal and solar plexuses, and on the ganglia of the latter, varying in size from a millet or hemp-seed to that of a pea." Meckel has also found supernumerary

capsules, although he does not mention their site. He merely observes that the phenomenon is interesting as being one which is frequently observed in regard to a neighboring organ, the spleen. "Une anomalie primitive très générale consiste dans leur petitesse extrême ou même leur absence totale, qui accompagne le développement incomplet de l'éncéphale et de la moitié supérieure du corps en général. On ne connait que deux ou trois cas de cette espèce dans lesquels les capsules surrénales aient été trouvées, offrant le volume qu'elles ont ordinairement." The capsule is composed of an external or *cortical*, and an internal or *medullary* portion. The cortical structure forms the greater portion of the substance of the organ, is firm and striated, and of a deep yellow colour; the medullary is soft, pulpy, and brownish-black in hue. From the dark colour of their interior, and from a supposition that they were the organs which secreted the *atrabilis*, Caspar Bartholinus, and the older anatomists, named them the atrabiliary capsules. According to Simon, the *cortical* portion consists of closed tubes, having no communication with each other, arranged in columnar masses perpendicularly to the surface of the capsule. They are surrounded by a plexus of blood vessels supported by fine processes sent inwards from an outer fibrous investment of the organ. Their interior is lined by a delicate limitary membrane, and in this opinion he is supported by Ecker and Frey, and Hassall. The tubes are filled with a granular plasma, nucleated cells and oil globules. Mr. Gulliver has found that the *granules* form the principal mass of the gland. Their size varies from 1-6000th to 1-24000th part of an inch in diameter. The *nucleated corpuscles*, according to the same observer, are few in number in the human subject, although they are numerous in the ruminantia. Kolliker describes the cortical portion as being composed of a fibrous stroma of connective tissue, so arranged as to leave oval spaces, which are filled with a granular plasma, oil particles, and nucleated cells. He denies that these spaces are lined with a proper limitary membrane, thus differing from Simon, Ecker and Hassall. The *medullary* portion consists of a stroma of connective tissue derived from the cortical substance. It contains numerous blood vessels, a plexus of minute veins, according to some anatomists, and a large supply of nerves derived from the sympathetic system. The tissue is arranged in laminæ, and the interspaces are filled by a granular plasma, in which are nucleated cells in different stages of development. "The recent observations of Kolliker upon the nature of these cells," says Dr. Carpenter, "which are confirmed by the researches of Leydig upon the corresponding organs in the amphibia, seem to indicate that they are really *ganglionic* in their character."

Marjolin, Boyer, Mandl, and others, describe a cavity in the interior of the organ of a somewhat triangular form, into the inferior part of which projects an oblong eminence, resembling a cock's comb. The existence of this cavity is denied by others. Kolliker believes it to result, when found, from the separation of the medullary from the cortical portion after death. Gulliver says, "the gland has seldom a cavity, although a large and distinct venous sinus sometimes exists." Cruvelhier considers it doubtful whether the supra-renal capsules have a cavity in their interior, as their name would seem to indicate; and Meckel, after careful research, adopts the opinion of those who deny the presence of a cavity. "Je pense," he further adds, "que cette cavité n'existe pas, du moins dans l'état régulier, qu'elle ne se forme qu'après la mort, et qu'elle est le résultat soit de la décomposition spontanée de la substance interne, qui a très peu de consistance, soit de la destruction de cette même substance par les manipulations auxquelles on soumet l'organe en l'examinant."

Many of the older anatomists supposed that these bodies possessed an excretory duct, by means of which they communicated with other organs. This opinion is completely exploded by modern observers. Bartholin, Peyer, Valsalva and Ranby, believed them to communicate with the testicles; Kulmus with the thoracic duct; and Huermann and Bendt with the pelvis of the kidney. Gulliver thinks it probable that the veins are the excretory ducts of the gland.

They are largely supplied with nerves derived from the solar and renal plexuses of the sympathetic. According to Bergmann they receive filaments from the phrenic and pneumogastric nerves. They are also richly supplied with blood vessels from the aorta, the phrenic and the renal arteries.

The functions of the supra-renal bodies are still undetermined. All researches into their anatomy have been barren of results, so far as their physiological action is concerned. It yet remains to be seen, however, what light pathology will throw upon this obscure subject. The recent discovery by Dr. Addison, of a connection between certain abnormal conditions of the system and a diseased state of the supra-renal capsules may lead to the establishment of their true value in the economy. For, as that gentleman has truly observed, "if pathology be to disease what physiology is to health, it appears reasonable to conclude, that in any given structure or organ, the laws of the former will be as fixed and significant as those of the latter; and that the peculiar characters of any structure or organ may be as certainly recognized in the phenomena of disease as in the phenomena of health."

Bartholinus, as I have before observed, believed them to be the secreting organs of the atrabilis of the ancients. Treviranus considered them incomplete rudiments of generative organs. Sir Everard Home thought they acted like a filter, "by which any oil left in the arterial branches that are near the kidneys may be separated and prevented from making its escape by the tubæ uriniferæ of these glands." Many moderns, classing them with the vascular glands, assign them an unknown office in the preparation and maintenance of the blood. The opinion of Wharton and Duvernoy, that the supra-renal capsules are ganglia of the renal nerves, has been revived and adopted by recent investigators. Kolliker considers the cortical and medullary portions to be physiologically distinct. The former he places with the ductless glands, the latter he believes to be an appendage to the nervous system. Carpenter says that the medullary bears no relation to the cortical substance, but is really a sympathetic ganglion; and he adds, "a curious observation strikingly confirmatory of this view of the peculiar relation of the medullary substance to the nervous system, has been recently made by M. Brown-Séquard, viz: that injuries to the spinal cord, in the dorsal region, produce congestion and (after a time) hypertrophy of the supra-renal capsules." The relation of the accessory capsules, observed by Rokitansky, to the renal and solar plexuses, is, in our opinion, also strongly confirmatory of this view.

M. Brown Séquard has recently performed a number of experiments with the view of determining the effects of extirpation of the supra-renal capsules. From the results of these experiments he declares that they are as essential to life as the kidneys. He experimented on dogs, cats, guinea pigs and rabbits. "The average duration of life after extirpation of both organs was about eleven hours and a half. As yet even after the removal of but one capsule death has invariably resulted. The principal symptoms observed consisted in a remarkable debility, difficulty of respiration, disturbed circulation, and at length convulsions, giddiness, delirium and coma. He believes that after the removal of the capsules the blood becomes charged with a poisonous principle, which is the cause of death. Messrs. Flourens, Rayer and Claude Bernard have been appointed a commission by the Acadamy of Sciences, Paris, to examine M. Brown Séquard's statements.

"M. M. P. Gratiolet has also read a paper to the Academy of Sciences on the same subject. M. Gratiolet's experiments have been made on guinea pigs only, and do not appear to have been very numerous. His conclusions are as follow:—1. After the removal of the left capsule only, the animals recovered and regained perfect health. In one in-

stance the animal lived two months and a half, and was quite well when it was killed by a second experiment. 2. After removal of the left capsules, or even of the right only, in all cases the animals died within forty-eight hours, the autopsy showing peritonitis and inflammation of the liver." (Mr. Jonathan Hutchison in *Medical Circular*.)

If great uncertainty has hitherto prevailed regarding the anatomy and physiology of the supra-renal capsules, until recently, absolutely nothing was known of the effects produced on the system by their disease. Indeed, the medical world has been startled from its propriety, by the recent publication of Dr. Addison's monograph on "the constitutional and local effects of disease of the supra-renal capsules," which proves, almost beyond a doubt, that a diseased condition of these bodies is one of the most serious contingencies to which poor humanity is liable, nearly every instance, as yet recorded, having proved fatal.

Dr. Addison had for a long time met with a "very remarkable form of general anæmia, occurring without any discoverable cause whatever; cases in which there had been no previous loss of blood, no exhausting diarrhœa, no chlorosis, no purpura, no renal, splenic, miasmatic, glandular, strumous, or malignant disease." Whilst seeking to throw some light on this form of anæmia, he discovered the disease, the leading characters of which are:—"Anæmia, general langour and debility, remarkable feebleness of the heart's action, irritability of the stomach, *and a peculiar change of color of the skin, occurring in connection with a diseased condition of the supra-renal capsules.* As has been observed in other forms of anæmic disease, this singular disorder usually commences in such a manner, that the individual has considerable difficulty in assigning the number of weeks or even months that have elapsed since he first experienced indications of failing health and strength; the rapidity, however, with which the morbid change takes place, varies in different instances. The patient falls off gradually in general health; he becomes languid and weak, indisposed to either bodily or mental exertion; the appetite is impaired or entirely lost; the whites of the eyes become pearly; the pulse small and feeble, or perhaps somewhat large, but excessively soft and compressible; the body wastes, without, however, presenting the dry and shrivelled skin, and extreme emaciation, usually attendant on protracted malignant disease; slight pain or uneasiness is from time to time referred to the region of the stomach, and there is occasionally actual vomiting, which in one instance was both urgent and distressing; and it is by no means uncommon for the patient to manifest indications of disturbed cerebral circulation. Notwithstanding these unequivocal signs of feeble circulation, anæmia, and general

prostration, neither the most diligent enquiry, nor the most careful physical examination, tends to throw the slightest gleam of light upon the precise nature of the patient's malady; nor do we succeed in fixing upon any special lesion as the cause of this gradual and extraordinary constitutional change; but, with a more or less manifestation of the symptoms already enumerated, we discover a most remarkable, and, so far as I know, characteristic discoloration taking place in the skin—sufficiently marked, indeed, as generally to have attracted the attention of the patient himself, or the patient's friends. This discoloration pervades the whole surface of the body, but is commonly most strongly manifested on the face, neck, superior extremities, penis and scrotum, and in the flexures of the axilla and around the navel. It may be said to present a dingy or smoky appearance, or various tints or shades of deep amber or chestnut brown; and in one instance the skin was so universally and so deeply darkened, that, but for the features, the patient might have been mistaken for a mulatto.

"In some cases this discoloration occurs in patches, or perhaps certain parts are so much darker than others, as to impart to the surface a mottled or somewhat chequered appearance; and in one instance there were, in the midst of this dark mottling, certain insular portions of the integument presenting a blanched or morbidly white appearance, either in consequence of these portions having remained altogether unaffected by the disease, and thereby contrasting strongly with the surrounding skin, or as I believe from an actual defect of coloring matter in these parts. Indeed, as will appear in subsequent cases, this irregular distribution of pigment-cells is by no means limited to the integument, but is occasionally also made manifest on some of the internal structures. We have seen it in the form of small black spots, beneath the peritoneum of the mesentery and omentum—a form which in one instance presented itself on the skin of the abdomen.

"This singular discoloration usually increases with the advance of the disease; the anæmia, languor, failure of appetite, and feebleness of the heart, become aggravated; a darkish streak usually appears upon the commissure of the lips; the body wastes, but without the extreme emaciation, and dry harsh condition of the surface, so commonly observed in ordinary malignant disease; the pulse becomes smaller and weaker, and without any special complaint of pain or uneasiness, the patient at length gradually sinks and expires. In one case, which may be said to have been acute in its developement as well as rapid in its course, and in which both capsules were found universally diseased after death, the mottled or chequered discoloration was very manifest, the anæmic condition strong-

ly marked, and the sickness and vomiting urgent; but the pulse instead of being small and feeble as usual, was large, soft, and easily compressible and jerking on the slightest exertion or emotion, and the patient speedily died."

Dr. Addison reports eleven cases of this disease in his monograph, accompanied by plates exhibiting the appearance which the skin presented in eight of the patients. Since the publication of these cases, six additional ones have been observed in London, and reported by Mr. Jonathan Hutchinson, in the "Medical Times and Gazette." Two cases have been observed in Paris; one by M. Trousseau, the other by M. Cazenave, of the St. Louis Hospital; and one in Nantes by M. Malherbe of the Hotel Dieu. On this continent three undoubted cases of disease of the supra-renal capsules have been diagnosed. Two of them in New York, the third in Montreal. In the September number of the "New York Journal of Medicine," Dr. Isaac E. Taylor has an able article, "on the sunburnt appearance of the skin as an early diagnostic symptom of supra-renal capsule disease; with colored illustrations," in which he reports five cases. Two have terminated fatally, and the post mortem appearances confirmed the diagnosis; three yet remain for confirmation. I agree with Dr. Taylor that the term "sunburnt appearance," particularly in this country, will convey a better idea of the shade of discoloration than that of "bronze," introduced by Mr. Hutchinson.

The following are the particulars of the case noticed in this city, from notes taken by Mr. Thurlowe Cunynghame:—

William Fraser, æt. 28, a native of Scotland, was admitted into the Montreal General Hospital on the 4th July, 1856. On admission, his symptoms and appearance indicated the second stage of phthisis, which a more complete subsequent examination fully confirmed. He states that his occupation having been that of attendant on a saw mill, he was obliged to be frequently in the water, and being exposed to sudden alternations of temperature, he got a severe attack of pneumonia, which kept him in hospital at Three Rivers for two months. When he had recovered from this attack, he returned to his former employment, and caught a second cold, more severe than the preceding one. It was followed by a severe cough and profuse expectoration. He experienced at this time great pain in the region of the kidneys. From the period of this last attack he has been unable, through debility to do anything. He first noticed that his skin was discolored about fifteen months ago, while he was last in Hospital in Three Rivers. It was then more distinct than at any subsequent period, especially on the face, neck and chest.

On the 1st of August, when Dr. MacCallum entered on the duties of the hospital, his condition was as follows:—Great emaciation; surface generally of a sallow hue; on the face, neck, chest, shoulders, and in the axilla, are large patches of discolored integument, resembling in shade the color produced by long exposure to a hot sun; the patches on the chest are covered with a mealy desquamation; those on the face occupy the most prominent parts; on the forehead the coloration extends to near the commencement of the hair; it is not found on the scalp. There is on the mucous membrane of the lips, near its junction with the integument, and surrounding the mouth, a well-marked,deep brown line. Conjunctivæ of a pearly whiteness; ends of fingers clubbed, and nails incurvated. Great flattening of thorax in the infra-clavicular regions, with diminished expansion movement of both sides, that of the right side being most marked; elevation-movement quite distinct. Percussion elicits a sound of equal intensity on opposite sides of the chest; the resonance, however, is much less than that of a healthy thorax. Auscultation discovers in the right infra-clavicular and mammary regions gurgling râles, cavernous respiration and pectoriloquy; in the infra-mammary and axillary regions of the same side, large mucous râles. In the left infra-clavicular region there are mucous râles, which gradually disappear as the mammary region is approached. Sounds and rhythm of heart normal; pulse frequent and weak; cough very annoying; profuse muco-purulent expectoration. Fraser has a melancholy, dissatisfied expression of countenance; his movements are sluggish; appears disinclined to converse with any one; speaks slowly and with an apparent effort. He complains of great debility; but what appears to give him most uneasiness, and, indeed, engages his entire attention, is a sensation of pain seated in the epigastric, and extending into the hypochondriac regions. This pain is constant, is not an acute, but rather a dull, gnawing pain. It is not accompanied by vomiting; is not increased after the ingestion of food, or by pressure made on the abdomen.

Dr. MacCallum diagnosed:—*Cavities, with extensive softening in the right lung; tubercular infiltration throughout, with commencing softening in the apex of the left lung; disease of the supra-renal capsules, probably tubercular.*

The treatment on which Fraser was placed when first admitted into hospital, was continued. It consisted in the administration, with slight variations, of cod liver oil, quinine, sedative cough mixtures, porter, wine, and nourishing diet. Various remedies were given to relieve the dyspeptic symptom, with, however, only partial success. The combi-

nation which afforded most relief was the following :—R Acidi hydrocy. m. xl.; morphi sulphæ gr. iss.; aquæ, ℥vi. *m.* A table spoonful to be given every fourth hour. Very little change occurred in his condition until about a fortnight before dissolution, when colliquative diarrhœa set in; emaciation and debility became extreme; he rapidly sunk and died on the 3rd October.

Post-mortem twenty-four hours after death. Reported by Dr. Craik

On opening the chest, both lungs were found to be completely adherent to the parietes of the chest by organized lymph, so much so, that it was impossible to remove the lung without lacerating them. The upper part of the right lung was interspersed with large vomicæ, and was so much disorganized as to be broken down by the slightest attempts at separating the adhesions. The lower part of the lung was infiltrated with softened tubercular matter. Throughout the whole of the left lung crude tubercles were plentifully disseminated, and at the apex there existed a small vomica.

The thymus gland was seen projecting into the thorax on the right side, and was considerably enlarged, being about an inch and ¾th in length and one inch in breadth. In form and consistence it resembled closely a bunch of enlarged mesenteric or lymphatic glands.

Pursuing the examination upwards the thyroid gland was found altered in appearance and size. The right lobe was about twice the size of the left, and measured 2½ inches in length by 1¼ in breadth. It was semi-transparent, with a smooth surface and the consistence of cartilage.

The heart and the pericardium were healthy. The abdomen was next opened, and all its contents found to be unusually vascular. The liver was slightly enlarged, but in other respects was normal.

The spleen was large, weighing 10½ ounces, and was firmer in texture than usual.

The coats of the stomach seemed slightly thickened, and there was considerable vascularity of the organ.

The left kidney was next carefully removed without separating it from its capsule, which latter was found much enlarged, forming a large projection on the upper part of the organ fully an inch in diameter. It had lost its flattened cocked-hat shape, and was almost round. On cutting it, it was found to be tough and cartilaginous in structure, and divided into several distinct lobules or masses, which were all included in the same investing membrane. The appearance was uniform throughout, and no trace of a division to be found. A thin section being made and placed beneath the microscope, it presented a fibrous stroma containing in its meshes, which were widely separated, a granular plas-

ma, with numerous tubercle corpuscles scattered through it. The kidney itself was of the usual size and presented nothing remarkable.

On proceeding to remove the right kidney the supra-renal gland was found also much enlarged, but so much softened as to render it impossible to remove it entire. It was so soft as to be easily broken down between the fingers. Tubercles in the process of softening were distributed through the cortical portion of the organ.

The brain was examined and found healthy.

The foregoing case differed materially from those of Dr. Addison's, as regards the deepness of the integumental discoloration, if we are to take, as faithful, the representations made by the artist for his monograph. There was certainly a general sallowness, which was not, on the patient's own testimony, his natural complexion, but this did not amount to more than what we observe in various cachectic conditions of the body. The true browning was limited to the places mentioned in the notes of the case. The spots on the surface of the chest with their mealy desquamation, were such as I have been accustomed to regard as pityriasis versicolor, when it is of a brownish tint. I regret now that I did not examine for the fungus discovered by Eichstadt. For, if that had been found, it would have assisted in determining a question which has yet to be worked out, viz: Is there any connection between those diseases, characterized by disordered chromatogenous functions of the skin, which are known under the different names of melanopathia or nigrities; melasma or pityriasis nigra; pityriasis versicolor, chloasma, maculæ hepatica, maculæ gravidarum, &c., and disease of the supra-renal capsules? I have now a case under observation which, should it pursue the usual fatal course of supra-renal disease, will tend to throw some light on the subject.

The most marked symptom in Fraser was certainly the peculiar sensation of pain which he experienced in the epigastric region. When questioned as to his feelings he invariably referred to it as the only condition which was worthy of attention. The cough, though very severe, and debility, though well marked, were not the subject of complaint. His constant appeal was, "relieve me from this pain and I'll be comfortable." And when the dull gnawing, depressing sensation at all abated from the action of medicines, he became comparatively cheerful. The relation of the supra-renal capsules to the sympathetic system, sufficiently accounts, in my estimation, for the character and persistance of this sensation.

The fact of the other ductless glands exhibiting departures from a normal condition, is rather interesting. The thymus was long and

tongue-shaped and evidently the seat of tubercular deposit. The thyroid body was slightly increased in size, retaining however its natural form. Its texture was completely changed; it was of a cartilaginous consistence; had a waxy feel, and was completely anœmic. It, in short, exhibited the appearances frequently observed as the result of struma. The spleen was in a state of hyperæmia.

ART. XVII.—*Medical Coroners.* By A. Von Iffland, M.D., Vice President of the College of Physicians and Surgeons, C.E. &c., Grosse Isle.

The medical profession, however closely identified with the general interests and happiness of the people, has seldom met with that appreciation on the part of Governments, which its importance and usefulness to the social fabric, ought at all times to claim; I was therefore gratified to perceive by your excellent editorial in the August number of the *Medical Chronicle*, that so important a subject, as the necessity of selecting *Coroners* by our Provincial Government, from among the best educated and most respectable members of the medical profession, had also engaged your attention.

It is not my intention of taking a retrospective view of the numerous inquests, on cases of the highest interest and importance, which for many years have fallen under my immediate observation in Lower Canada, and which have sometimes evidenced, not only the most culpable ignorance on the part of Coroners, in guiding the investigation of juries, but have frequently resulted in impunity to crimes of the most flagrant character. And I need scarcely advert to the enormous expenses which have unnecessarily been incurred by the Province, by entrusting the attainment of the ends of justice, to men whose acquirements rendered them totally inadequate to the fulfilment of the office.

Have we not seen, in times of irresponsible Government, and perhaps since it has assumed a responsible character, lawyers, yet unqualified in the opinion of the members of that profession, to practice in the Court of Justice, (I make the *amende* to one of the late Coroners of Montreal, as a gentleman of high attainments, and now placed in a position to exercise them), appointed to the office of Coroner. It is surely inconsistent, if not absurd, to place such men in a situation where they are to become the expounders of science in its rarer, and more obscure bearings, and when it is often necessary to lay bare before a Jury all those difficult and abstruse subjects, on which, if not from his

own experience and observation, the collected intelligence of our best authors may throw some light.

It is well known to you, as well as the medical public of Canada, for Medical Journals, unfortunately, seldom extend farther than to our professional brethren, that after some years had been spent in agitating the question, a great reformation took place throughout England, with regard to the necessity of appointing medical men as Coroners. And I am happy to observe, that gentlemen now educated to the profession of medicine, are generally selected, not only in England, but in Upper Canada, to fulfil that judicial office; in Lower Canada, no such reform has taken place, the present incumbents are, I believe, men of respectable standing in society, but the question arises, are they possessed of those educational acquirements which are indispensably necessary to meet the high and important intentions of the law. Are they competent in all cases to decide as a Physician, or rather, as a critical anatomist would, upon the nature of wounds, contusions, fractures, &c.. discoverable upon the dead body of a fellow-creature, the cause of whose death, if at all involved in obscurity, is to be first explained, as far as it can be, by that Officer. I shall offer no observation touching toxicology, because, in all cases where *poisoning* is supposed to have caused death, the analysis is generally referred to the most experienced and scientific Chemists. Yet, the Coroner should be well acquainted with the definitions of poisons, the symptoms following the taking of poison, whether irritant and corrosive, narcotic and narcotico-irritants, &c., and the certain character whereby symptoms of poisoning may be distinguished from those of disease. It is an established fact, that 12 years ago, out of 100 cases requiring medical evidence, either before the Coroner, or in the Superior Courts of Law, in England, there were of *poisoning*, 45; wounds and personal injuries, 35; infanticide, 10; all other cases, 10. Since that period, the number of cases of poisoning, has certainly much increased, particularly since the last 12 months.

A Coroner, in my humble opinion, and I believe it is one which carries conviction to every intelligent mind, should be well versed in Medical Jurisprudence, *i. e.*, the application of medicine to legislation and medical police, comprising, wounds, fractures, infanticide, burns, scalds, drowning, hanging, strangulation, lightning, inanition, insanity, (delirium tremens,) &c., &c.

In the *London Lancet* of March, 1851, we have the opinion of one of the most eminent judges in England, and who, during the progress of a trial, in which reference was made to the Coroner's Court, stated emphatically, "*that none but medical men ought to be appointed to the office*

of Coroner, as from their education they were peculiarly qualified to discharge efficiently the duties of the office." "This opinion of his lordship," the *Lancet* adds, "has been acted upon very generally, both in England and in Ireland, as medical men are selected in almost every place where a vacancy occurs."

I would scarcely need any other authority to bear conviction on the necessity of Government nominating medical men of ability and experience, whenever it was practicable, to that important and responsible office, I may, however, be permitted to add the observation of another respectable periodical on the same subject, the *Journal of Medical and Physical Science,* edited by Dr. Archd. Hall, and than whom, none has contributed more largely to the medical literature of this country, and to promote the interests and elevate the character of the profession.

"It has not seldom happened that cases of poisoning have occurred in the Country parts, and on the opinion of the neighbouring Physicians, innocent of all knowledge of the action of poisons, and the proper methods of detecting it either pathologically or chemically, persons implicated in a most nefarious deed, have escaped detection and punishment. But had the Coroner been a Physician of high attainments, and who by study and practice could at once detect the errors in which the medical witness might fall, he would have assisted the less initiated practitioner, or would have ordered the attendance of a man better qualified in such matters; one familiar equally with pathology, chemistry, and the present state of science; one on whose testimony a Surgeon could rely. And on the other hand, he might on very many occasions save the country the expense of *post-mortem* examination in cases of sudden deaths or accidents, where no suspicion or foulplay could be anticipated."

As I have already observed in some of my writings "it is not with us as in other professions, where the possessors of talent and genius may raise themselves to situations of great eminence and dignity, and where the remote chance of a high prize seems more likely to produce extraordinary exertions, than a greater certainty of an inferior one; yet, none comprehends so very extensive a range of knowledge, its truths are often so profound and so much concealed by a cursory inspection, so intricate, so much disguised, distorted and obscured by a multitude of delicate and invisible causes, that nothing less than the all-commanding eye of the most enlightened understanding, than the all-penetrating and all-searching power of genius, can possibly recognise that which is hidden in darkness, can follow that which is remote into the last traces that it represents, can separate the essential from the accidental, and finally, *can analyse and develope any subject of investigation so completely as to*

leave no farther doubt respecting any of its properties, which are cognizable by human means." In a word, there is no science which requires so penetrating an intellect, so much talent and genius, so much force of mind, so much acuteness and memory, so much profound knowledge of mankind, as well as the secret recesses of the human heart, as the science of medicine. If then, these high attributes, and which appertain, alone, to the well educated Physicians, are contrasted with the recipients in general of the office of Coroner in Lower Canada, surely, the reformation which has originated in England, Ireland and Upper Canada, will also be extended here, by a Ministry, composed as it is, of men, (whatever may be said in opposition,) prepared at all times to create such changes in our judicial, as well as in all other departments of government, as may tend to secure the happiness and general interests of the people.

ART XVIII.—*Narrative of Cases.* By Dr. Stein, Lachine.

In continuing my brief narrative, I will commence with notes that I have of a few cases in midwifery that have occurred to me, in which, at the time they were made, I considered that there were in them some things both interesting and unique.

A poor woman, with placental presentation, had had an attempt made upon her to turn the child, in accomplishing which, on the post mortem examination was found the uterus nearly torn away from the vagina. I have ever since then considered that a forcible effort made to introduce the hand should always be accompanied with support given to the fundus of the uterus through the abdomen from above and without.

The next is the case of a woman named Marshall, in whom, after the birth of the child, the horizontal or circular fibres of the uterus contracted so much as to throw the womb into the form of a cucumber, and where the hand could not be introduced to extract the placenta until this unfavorable condition subsided, which lasted for more than an hour, independent of her having taken a large dose of laudanum to subdue the spasm.

I have also the notes of a case of pregnancy at the sixth month, strongly resembling a large oval uterine tumor in the person of a woman named Easton, aged about 40. She had been lately married, and had miscarried with her first child. At this time she did not think herself pregnant, having suspected, from her age, that the catamenia had entirely ceased, and that the hard uterine swelling was a condition of dis-

ease. This state, however, was constituted by the head of a child being grasped by the walls of the uterus, which surrounded it like a piece of parchment, and which only extended by the growth of the child's head, and did not enlarge by the usual form, viz., cell-deposition, throughout its structure. The head continued in this position at the fundus of the womb during the remainder of pregnancy, and at delivery which was as usual in other respects, the child was born by foot presentation.

I was called about six years ago to attend a Mrs. Rae. Lately she had not been in the enjoyment of good health. On the evening of my summons she had been out walking, and had taken so ill as to be obliged to rest by the way. She had all along been very bulky in the abdomen, with a strong feeling of bursting, and great faintness, and was not up to the full time by, I think, two months. There was little probability of any syphilitic taint. On rupture of the membranes, an immense quantity of liquor amnii was discharged, and soon after two small fœtuses, living, but too young to be viable. This was assuredly a case of dropsy of the amnion, but there was nothing antecedent in this woman's condition of health that could account for the disease. It may perhaps exist, or have its cause in the ovum itself. When a gush of liquor amnii, as in this case, comes away forcibly, it is very apt to carry the cord before it, as it did here, and has done in other cases that I have seen.

I have, as my last, the notes of a case of atony, or complete relaxation of the uterus after delivery, in a woman of the name of Mitchell, where this was so marked, that I wondered it should not have given origin to flooding. No untoward symptom occurred, but by and bye a state of irregular contraction came on, which passed on to complete firmness and tone, with contraction of the whole uterus.

I have notes of two series of cases where, in two distinct families, one of the name of Godfrey, the other of the name of M., a succession of children seemed to be carried off by that state of stomach termed *ramollissement*, mentioned by Burns in his work on midwifery. They all indicated similar symptoms, viz., excessive vomiting, sometimes of a muco sanguineous matter, and this continuing till death. I should like to know the experience of others on this subject, and whether it seems to be a common affection or not. These cases were not examined after death.

Next comes a case of large collection of matter over the region of the hip in a child; this had existed for some time, and there were observed on its surface numerous large veins, indicating perhaps the chronicity of

it, this was carefully watched for some time with supposition of the necessity for opening it, but it suddenly disappeared, I suppose by absorption, or perhaps as some would believe, by exosmosis through the integument.

I have notes of two cases perhaps somewhat allied, one of pericarditis, in a girl of the name of Selvick, in connection with rheumatism, where a large swelling like an abscess took place, over the scapula and beyond it, and shortly disappeared. The second, in a girl of the name of Clark, in whom the disease began with pain in the left arm; fits; loss of appetite; quickness of pulse; incapability of lying on the left side; pain in and constriction of the left side; bye-and-bye a swelling in the region of the latissimus dorsi; this swelling was punctured; no purulent matter reached; tent introduced; continuing of the same magnitude for five days; great weakness; flushing and swelling with the pain still continuing in the left side and the feeling of constriction. Bye-and-bye the pulse becomes small and imperceptible; no catamenia; swelling gone; there was greasy and dirty perspiration. This patient sunk with little or no delirium. No *post-mortem* was permitted. Puerperal fever and erysipelas, or inflammation of cellular tissue with influenza, were very prevalent during the occurrence of this case. The pain in the axilla, and swelling here were so prominent, that they nearly engrossed the whole of the treatment. What is the nature of such swellings as these?

I come to another case in the person of a young medical gentleman, Mr. S., whom I attended for fever of the relapsing type of Jenner, during convalescence and after putting his feet on the cold floor, a large swelling took place over the centre of the thigh, anteriorly on the right side, being like a collection of matter, I thought an iliac abscess pointing here; it was not punctured, however, for I afterwards looked upon it as a case of phlebitis, for which he was treated, and made a good recovery. These cases of phlebitis often occur after fever in certain epidemics, and have been pointed out by authors on the subject of different epidemics. I have notes of a case where the abdomen over the whole surface rose up in different places into rounded swellings produced by inflation of the intestines. This occurred in a person disposed to insanity. These tumors or swellings have lately been called phantom tumors, and seem to be common in hysterical females.

The last case of tumor in my possession is one in the mamma of a Miss B. The nature of it created a good deal of dispute at the time, but this was latterly set at rest by the growth exfoliating, being first preceded by a good deal of uneasiness in the mamma. This lady has,

ever since fifteen or sixteen years ago, remained quite well, and enjoys most robust health.

The next that I have notes of is a case of ileus or obstruction of the bowels, where no urine was secreted for a couple of days or more. This condition has been pointed out lately by a London Physician, I think, as indicating that the seat of the obstruction exists near the stomach, there being little track of intestines existing for the accommodation of fluids, and little scope, therefore, for the function of the kidney; hence, as in this case, the want of secretion.

The following was, perhaps, a case of bronze skin, certainly it was not pityriasis versi color, in a young woman, Miss M. She had had dyspeptic symptoms for some time, with a marked cadaverous aspect. A large brown patch appeared on the forehead, and I believe on other parts of the body, and continued for about eight months, though all the chemicals that have been used in bleaching were had recourse to for dispelling it. This case occurred before Dr. Addison's views were published; but the girl made a good recovery, and now, I believe, enjoys good health.

I have a case of porrigo, or scald head, in a girl of about 11, who, on attempting the cure of it by the citrine ointment, first complained of pains flying through the chest, and afterwards became convulsed, and died, no doubt, from the repression of the eruption.

Next, I have the notes of two cases of tarsal inflammation, attended with conjunctivitis, in the ball in one with exophthalmos, and in the other with opacity of the cornea. where the disease, like the above, on its being palliated by treatment, always induced violent constitutional symptoms, indicating, as it were, the eruptive character of these affections, sometime; the views of Begbie were not known at the time, I attended the exopthalmos case, but I had a strong notion that the general inflammation of the conjunctiva had something to do with its origin.

The next case that I have to record is that of a woman who had been delivered quite naturally. She had some anomalous symptoms soon after this event, and immediately an eruption like scarlatina over the whole body appeared, indicating what has been pointed out some time ago by several writers, the entrance of air into the uterine veins.

The last case that I will give at present is a pretty well marked one of combined scarlatina and rubeola, in the servant girl of Mrs. G. She had arrived from Montreal, where scarlet fever was very prevalent and virulent, but at the same time she had been paying a visit to some relations of her own, among the children of whom measles were prevalent. My attention was directed first to the scarlet rash which was rather

abundantly out, and this formed my judgment in the first place, namely, of its being scarlet fever, but on the lady informing me that she had been exposed to the contagion of measles, I examined more closely and found the rubeolas eruption likewise, particularly about the hands and front of the arms. She had an angry-looking sore throat in addition, characterizing the scarlet fever, all the symptoms were moderate, and she is now convalescent. This subject has been discussed lately before one of the London Medical Societies.

ART. XIX.—*Remarks on a case of hernia recently recorded in the Medical Chronicle.* By Dr. A. DeCouagne, Lachine.

I beg to call your attention to Art. IV, in the July number of the *Medical Chronicle*. Amongst other valuable *notes*, that of a case of inguinal hernia struck me very forcibly, as relating to the identical case to which I was called first, and which my friend, the author of the notes, attended throughout. As I happen to be in a position to hear of such cases, when they occur in this place, you will allow me to doubt that Dr. Stein ever had another case resembling this so intimately in its prominent features. I never would have thought of taking up the matter, had the *note* not contained such a gross perversion of facts. Even this might have passed unnoticed. But it involves an unpardonable breach of professional etiquette, for which you may not find a parallel in all the *noted* records of surgery. For the *edification* of the profession at large, I trust you will pardon me for producing the facts as they are :— Last winter, an Englishman, or rather as I was told, a Scotchman, on his way up the country from the Montreal market, stopped at an hotel in this village. A messenger was despatched for me, not finding me at home, he went over for Dr. S. The messenger had not been out of my house a minute when I returned. I immediately answered the call. I found the patient with most intense pain in the bowels and stomach recurring at intervals, accompanied with vomiting, and great pain about the testicle. On examination, swelling of the scrotum, extending *very prominently* in the direction of the inguinal canal. The patient said that the swelling had come on suddenly the day previous, whilst he was unloading heavy bags of grain, but he paid no attention to it, as the same thing had occurred several times before, but the swelling would disappear as soon as he laid down. There was not the shadow of cynanche parotidea, alluded to in the *notes*. He had made several attempts to discharge his bowels in the morning but with little success.

I then tried taxis, but, as I expected, without any favourable result. The case was clearly one of strangulated scrotal hernia, in the incipient inflammatory stage. I concluded that a consultation was necessary and an operation probably indispensable. The patient's brother was directed to run into Montreal and return with an experienced Surgeon, in time to perform an operation, if necessary, before dark. It was then 2 P.M. I then came to my surgery for an aperient. On my return, I found Dr. S. near the patient. Without one word to me, he went away to countermand my orders to the brother. The patient said that he was sorry he could not accept my services any longer. Dr. Stein had *warranted* a *cure* in a *few hours;* he had said there was *no rupture* and *no need* of an *operation*. After due remonstrance I left the man to his fate, in the care of Dr. S. Next morning Dr. S. "desired a consultation, &c.," *(not with me, though)*. "Enemata were administered and the bowels partially relieved, and after taking ten or twelve grains of opium during the night, he felt so *much better* that he was able to start in the morning to return home," packed up in Buffalo robes in a sleigh. Who would not after this enjoy a thirty miles winter ride in this predicament? The result my omni-sapient confrère gives you in a plain but very *elastic* language. "At the last *he* inferred that this was a case of hernia," and *in finale*, grants that "this was a case demanding an operation."

REVIEWS & BIBLIOGRAPHICAL NOTICES.

XXVIII.—*Human Physiology*, Statical and Dynamical, or the Conditions and Course of the Life of Man. By JOHN W. DRAPER, M. D., L.L.D., Professor of Physiology and Chemistry, in the University of New York. Illustrated with nearly 300 Wood Engravings. New York: Harper & Brothers. Montreal: B. Dawson. 1856.

It is so natural to begin an essay upon the structure or functions of the human frame with expressions of admiration, that the writer, who desires to descend at once to the foundations from which the exclamations themselves arise, feels he is under no easily mastered embarassment. For where else can more fit cause for eulogy, or where else is adoration more inevitable, than in contemplating the works we carry about in our own persons? Restraining such an episode, let us pro-

ceed to review some of the points in man's life as they fall within the scope of a physiological treatise.

Omne ex ovo was the Harveian maxim, and subsequent researches have severally confirmed it, affording a contradiction to the doctrine of equivocal generation which had been promulgated upon apparent results and unfounded reasonings. In every instance of genesis the law of germs will, upon inquiry, be found to prevail, and never to have been broken. In tracing organization from its *punctum saliens*, the various successive changes have been satisfactorily observed, and the steps of the building are recognisable. And yet, with all the accumulated information on this interesting topic, the conclusion which follows is, that our knowledge is only descriptive, and that we are still ignorant of explanatory intelligence. Attempts made towards the comprehension of the mysteries we are privileged to witness, have been, as a whole, unsatisfactory, because

> "Each new solution but once more affords
> New change of terms, and scaffolding of words."

Or else the conditions of the interpretation are soon found to be fallacious. In the hatching of the chick, there are a great number of occurrences we cannot understand. Dr. Draper endeavours to account for the most of them on chemical principles. The composition of the egg is astonishingly simple—it being water, albumen, mucus and yellow oil,—yet, from these four principles, and it is said the calcareous matters of the shell, are formed all the various parts of the bird, complicated and dissimilar though they be—as bones, flesh, muscles, nerves, viscera, feathers, beak, claws, &c. These, he believes, result from new combinations between the elements of the materials aided by oxygen derived ab-externo. Thus the phosphate of lime in the skeleton is formed as incubation proceeds,—"for in the yoke there is free phosphorous to which the air finds access through the pervious shell, and affecting its oxidation, phosphoric acid is the result. This reacts on the carbonate of lime of which the shell consists, decomposes it and the phosphate of lime forms." This fact might be established by ascertaining the weight of the shell before incubation, and after developement of the chick, and noting whether there were any difference or not, and ascertaining if this agreed with the proportionate quantity of lime in the bones. We know of no experiments that definitely settle the question. But we think the result would be a negation. Aside from this uncertainty, there are many circumstances which are opposed to the above opinion, —as the interruption afforded by the membranous covering which is not an organizable structure, and the presence of the bones beneath the surface, buried among the soft parts, in situations not approachable

by simple contact of external air. It is true that in removing this hypothesis we may not have another equally satisfactory to offer—but even this uncertainty is preferable to error, and is after all in unison with the very many other occurrences concerning nature, generally, of which we are with all our boasted enlightenment in deeply profound ignorance. It is to be expected that some light would be cast upon the obscurity by studying developement as it proceeds in the higher order of living beings. Dr. D. has confined himself to an enumeration of the description of the progress of the tissues in the animal ovum, without dwelling upon their origin, or investigating the laws of their evolution. In them we think there is a community of action, with the formation of the components of the bird, and that both have been constructed upon a general plan, and in obedience to a unity of design. Now, without entering into all the ramifications of the subject, we may express our belief, that organization universally exhibits a law of *self-multiplication*, which has for its end the increase of the substance in which it has been embodied, or concerning which it has been decreed. This law becomes a power or property when it is evoked by the nurturing circumstances that are favorable to vivification. It is clearly stamped upon every kind of organic matter, and seems to be their prerogative ; but may it not also be extended to inorganic substances, for all organic matter is inorganic until vitality is implanted among its molecules. We perceive self-multiplication indubitably evidenced in cell growth, and as this is merely a genesis out of a proteinaceous blastema, we cannot see why there might not be a similar developement of saline particles when brought within the range of a formative power in full action. By such an extension of this principle, why might we not say that the production of the calcareous particles in the skeleton of the chick, was due to self-multiplication of parent molecules, such as already exist in both the glaire and the yoke of the egg. This supposition would refer the origin of the hard parts of the embryonic bones to the phosphate of lime which is known to form the residual ash of incinerated albumen. As an opinion, it is certainly more in keeping with the general operations of which we have more positive assurance, as in the soft parts immediately investing the skeleton. Dr. D. thinks the chemical view, we before announced, —and which is rendered unnecessary by accepting the preceding postulates—to be supported because "the shell becomes thinner and lighter"—but this effect may be merely an inevitable consequence of attrition, with application of heat and moisture, necessarily contracted during incubation. Unless the point were definitely settled, as we have before proposed, the mere fact, as above stated, is inconclusive. Do

not addled eggs that have been sat upon experience an equal loss of shell?

The law we have been expatiating upon is different to one for which it might be mistaken, and which is treated of, by Dr. D. under the name of "*plastic power*,"—this he defines to be "an innate power which resides in the germ, by the action of which the matters previously stored up in the seed by the parent plant are regrouped and so arranged as to constitute a new organization, but this power does not extend to the obtaining of new material." Thus very obviously, not having like the former, a power of creation, or making new materials like itself, *i. e.* of the parent perpetuating itself in an offspring. The plastic power is presumed to be in full operation during nutrition, and whoever is conversant with this function as it is known to be instituted, but must assent to the admission of such a force in living bodies. We there see matters used as aliment—analagous to the embryonic store—recombined in their integrant atoms—so as to become new substances, and as this reconstruction must go on under a special presidency—for it is not left to chance medley—we may call that controlling agency, their "plastic power." Now, this being conceded, we are at a loss to reconcile these statements with an assertion of Dr. D's, made under a previous section "digestion is not, therefore, to vitalize the food,"—because in this function the proximate principles of our aliment "are regrouped and so arranged as to constitute a new organization," and that whereas they were formerly lifeless particles, they are afterwards rendered organizable—and as if to yet more strongly declare the "plastic power," by which they were governed, they have received life, they form the blood which is living, they carry life to the tissues which they renovate, and if this is not being "vitalized" we apprehend that there would be great difficulty in determining what it (the food) yet wants to be so circumstanced.

Dr. D. has divided alimentary substances into two great classes, the histogenetic and the calorifacient. Had the latter been called thermogenetic it would have been more euphonious with histogenetic, and then both terms would have been derived from the same language, instead of standing, as in adoption, one from the Greek and the other from the Latin. There is nothing new in this arrangement, it is equivalent to the classes called by Liebig—nitrogenized and non-nitrogenized; or as Dr. R. Thomson changed the expressions, at one time to the plastic elements of nutrition, and elements of respiration, and at another to the nutritive, and calorifacient. Such a partitioning is unfounded in nature, as may be demonstrated by a single proof, *i. e.* albumen.

This aliment, according to the above separation, would be called an histogenetic, because it is resolved into albuminose, and this is the protinaceous foundation on which the tissues are erected, or rather out of which they are formed; but the truth is, it is equally a thermogenetic or producer of heat, inasmuch, as caloric is generated during its intromission, and in-dwelling in the system, as well as during the final transformation which it suffers before extrusion, or elimination through the renal emunctories. These changes are so many various combustions during which, it is believed, the albumen may have probably been progressively becoming fibrin, chondrin, and urea. And as such, are proportionately as powerfully calorifacient as any other instance, of warming to be met with in the body. The objection then, is that the original substance in undergoing histogenesis must necessarily be instrumental to the evolution of heat—for the metamorphoses it sustains are of the character of those peculiar to the province of calorification itself; and upon this rule every other histogenetic, as fibrin, casein, &c., are equally thermogenetic. We have one more exception to take to Dr. D's opinions upon the subject of alimentation. He promulgates the doctrine that histogenetics are digested in the stomach, and thermogenetics in the intestines, and gives it prominence by heading a chapter accordingly. But this is equally improper with the former. The fact is, to some kinds of food, we are unable to say precisely, where they are digested, whether in the stomach or duodenum; while to others there can be no doubt both of these organs are subservient to their primary assimilation; leaving but few, indeed if any, which are unilocularly digested. Albumen, which has already been brought forward, may be further particularized here, as showing that the same substance may be digested in two cavities. In the stomach it is converted into a peptone to facilitate the endosmosis of a part, and the remainder is restored to the original albuminous condition in the duodenum before absorption by the lacteals. Fibrin, casein, gelatin, gum, and other proximate principles might also be adduced to establish the same fact. Now of our inability to correctly localize the seat of digestion, we may mention the ligneous, pectinaceous, acidulous, and other aliments. Dr. D. has followed Lehmann's opinions upon alimentary metamorphoses closely, as our recollection serves to remind us, and as long as he adhered to him he has been sustained by a safe guide; but when he has wandered elsewhere he has compromised the veracity of his text. Speaking of gelatine, he says, "it always appears to be derived from albumen." This opinion is certainly not Lehmann's, who is extremely cautious in what he says of the origin of gelatine; but, we believe, it is the late Dr.

Prout's who conceived that gelatine was imperfect albumen, and consequently was susceptible of the adaptations and transformations of the latter substance. But this hypothesis is improbable, for albumen has never yet been converted into gelatine, nor gelatine into albumen. Moreover, the nutritive properties of the two cannot be similar, for while the composition of protinaceous substances is identical with that of the flesh and blood, that of the gelatigenous tissues is not, and hence the difference between the two.

Dr. D. devotes an interesting chapter to the unity of man. He there alludes to the resemblances among nations, in the following eloquent appeal.

"Stripped of exterior coverings there is in every climate a common body and a common mind. Are not all of us liable to the same diseases? Have not all a tendency to exist the same length of time? Is it the temperature of our body, the beat of the pulse, the respiration that we observe—are they not everywhere alike? Or turning to the manifestations of the mind, is there not among all the tribes of our race, a belief in the existence and goodness of God? in unseen agents, intermediate between him and ourselves? and in a future life? Do we not all put a reliance in the efficacy of prayers? Have we not all the same delights, the same fears, the same aversions, and do we not resort to the use of fire, domestic animals, and weapons? Do we not all expect that the differences which surround us here, will be balanced hereafter, and that there are rewards and punishments? Is there not a common interpretation of all the varied forms of funeral ceremonies? a common sentiment of the sacredness of the tomb? . . . . It signifies nothing in what particular form our mental conceptions are embodied, it is the conception that concerns us, and not the aspect it has assumed." This reminds us of the declaration of Shylock, from which, probably, the above has been in part borrowed. "Hath not a Jew eyes? Hath not a Jew hands, organs, dimensions, senses, affections, passions, fed with the same food, hurt with the same weapons, subject to the same diseases, healed by the same means, warmed and cooled by the same winter and summer as a Christian is? If you prick us we bleed, if you tickle us we laugh? &c., &c. Act III, Scene I. These resemblances have an important bearing on the question of the unity of man; which has been generally received in the affirmative, but of late has been denied by the idea of Drs. Nott and Gliddon, that there was *ab initio*, "a multitude of centres of human origin." In the work of these gentlemen, Professor Agassiz gives "a sketch of the natural provinces." He divides the world into eight natural provinces; to each he has given

figures of the head and skull of the variety of man, as existing in that province, together with seven or eight animals found in the same province. This is intended "to show that the boundaries within which the different natural combinations of animals are known to be circumscribed upon the surface of our earth, coincide with the natural range of distinct types of men." We are happy to find that Dr. D. does not concur in this visionary fantasy which, alas, as we have elsewhere learned, has afforded the opportunity to others in the same volume of heaping on the Holy Scriptures and its ministers all manner of derision and contempt! Our space does not permit us to follow Dr. D. through the many pages in which he explains the differences in the various members of the human family; but as pertinent to the question we would refer to the following extracts, we have made from a monograph by Dr. Bachman, on this subject. After adducing a large body of evidence in favor of the unity of man; he concludes, with among other deductions, the following.

"Philology has shown that nations, however, widely separated bear a relationship to each other by the construction of languages, and that through this medium, Lepsius and others believe that the doctrine of the unity of the human race will be established. Anatomy and physiology in the hands of Tiedmann, Owen, &c., men who laboured for the advancement of truth, has led to the conclusion that all men were of one species. The facts collected by the individuals sent on the various exploring expeditions, has been in favor of the unity of the species. Natural history has established many laws which concur in the same opinion, such as the fact, that varieties which have once become established, are as permanent, both in form and color as species themselves. Animals once domesticated, that have been suffered to run wild for generations, partake of the characteristics of their immediate predecessors, and never run to the form or color of the original species. The varieties of men are placed precisely in the same category. Biblical history is opposed to the notion that men were created in groups all over the world. This would, we conceive, be requiring unnecessary miracles from the Creator. To establish his (Agassiz) theory he requires to show why the Creator, whenever he calls into the world more than one species, in a genus of lower animals, gave them the characteristics of species; but when He created man, he created him of the same species all over the world."

In conclusion, we would remark that Draper on physiology has been issued from the press with much typographical beauty, and that the illustrations, many of which are new, are remarkably well executed.

XXIX.—*An Introduction to Practical Chemistry* including Analysis, by John E. Bowman, F.C.S., Professor of Practical Chemistry, in King's College, London; author of a hand-book of Medical Chemistry. Second American from the second, and revised London Edition. Philadelphia. Blanchard & Lea: Montreal, B. Dawson.

This little book aims at being a simple and familiar instruction in the manipulations and investigations of Analytical Chemistry. It supplies to the Medical Student a proportionate volume on kindred subjects, to that which his teacher possesses in the more elaborate works of Rose, Fresenius, and others. This, we believe, will be admitted to be the filling up of a want which had hitherto been experienced. To all who desire to practice the experiments of the chemist, pharmacologist or toxicologist, we would recommend it to them. For a few shillings it may be purchased.

XXX.—*Essays on the Physiology of the nervous system,* with an appendix on Hydrophobia, by Benj. Haskell, M.D., of Rockport, Mass. Gloucester, John S. E. Rogers. From the author.

These essays with which we have been recently favored, are upon subjects that must awaken the interest of every reader. They would also seem to be opportune at a period like the present, when public attention has been much arrested to their subjects, by various valuable papers from M. Hall, M.D., E. Brown Sequard and others. Their consideration can, we believe, never grow old; and what between undoing new discoveries, as they are styled, and reviving old opinions, as is the spirit of the age we now live in, the ball of intellect is likely to be kept in active motion.

CLINICAL LECTURE.

(From Medical Circular.)

On varicose veins and their treatment, and some diseases of bone. By Frederick C. Skey, Esq., F.R.S., Surgeon to St Bartholomew's Hospital.

Gentlemen,—Among the diseases which occupy the attention of our Profession, I take it those are the most interesting which are the most

common. It is not a question whether a disease is aristocratic or democratic, but it is a question as to the frequency of its occurrence. The diseases of the venous system are a common class in the lower orders and in the lower extremities. This condition, known as varicose veins, arises from a want of power from the centre of the circulation. We all know the circulation is carried on mainly by the heart; it is propelled by the ventricle, and returns by the capillaries, by the *vis a tergo*. We also know that the venous system is much larger than the arterial, and so is the rapidity of the circulation slower through the venous system. In the frog you see the velocity of the arterial as contrasted with the slowness of the venous system. It is this condition of the venous system that leads to morbid changes. Veins going towards the heart become large, swollen, and contracted in form. Veins which, when favourably pursuing their course are of a length of six inches, have become contorted till they have become ten inches long. We have a mass of veins occurring in a given region in the lower extremities, twelve or eighteen inches in length, and increased in size as well as length. This condition, called varicose, is more especially common in the lower extremities; it is also met with in the upper extremities. A young man I knew had a varicose condition of all the veins of his body, and of the upper and lower limbs as well. I do not know what has come of him.

The evils attendant upon this condition of veins are considerable; in the first place they are very painful—they are almost incompatible with the ordinary conditions of the body. We have red patches on the skin, indicating a low state of the blood, becoming organised, and remaining permanent for years. This disease must have a cause; it is a want of vigour in the arterial system at large; you never see a man with varicose veins without a weak pulse. If you have a radical evil like this the symptoms occur from a weak condition of the heart. The first step towards a cure is to know its nature. I wish to draw your attention to the means of mitigating the evil locally, whether it may be universal or confined to one or two extremities. The treatment must be of a form which shall give tone and strength to the circulation. In the condition of the limb which you see frequently in our hospital practice, it is confined to the ramifications of the internal vena saphena; however extraordinary it may be it does not, as a common rule, extend above the knee. There is a freedom of the circulation above the knee, but above that again the circulation is interrupted, and you will find a large mass of veins—I suppose a continuation of the vena saphena—each of these as large as one's finger. A patient in the hospital was in this condition, and the evil was so great as to prevent him pursuing his ordinary avocations. This man came into hospital now four months ago, with enlarged veins and considerable pain below the knee; he was a gas worker, and could not attend to his work. He also exhibited above the knee one of these enlarged masses of veins which I have just described. I remember 30 years ago the treatment of varicose veins was rife in this town; they were tied with ligatures, divided, pressed, &c, but I know that the result of these experiments was invariably fatal from the

violence done to the veins from within. These experiments were abundant.

Up to fifteen years ago no progress was made towards a cure. I received from some gentlemen a statement about treatment with Vienna paste—two parts of potassa fusa and three of quicklime made into paste with spirits of wine. The mode of application is this:—the veins, the subject of experiment, are insulated by plaister,—a hole being cut in six thicknesses of plaister and laid over the vein you wish to destroy; you may apply this to as many surfaces as you like, all the worst points in fact. I have done this experiment in fifty, sixty, or seventy persons, and in the most of these below the knee and ankle. The merit of this paste is that it acts better than potassa fusa alone. If applied over the salient parts of the veins and removed in ten or twenty minutes, and carefully sponged away, you will find an eschar, attended by a rapid deposit of lymph around the vein, it consolidates the blood within the vein, which becomes blocked up. You will have some erythema, which remains two or three days and then disappears.

When I first used this I made the holes large, but I found by experience the smaller the holes were the better, as the cure was not so protracted. I think you might apply the paste over a surface not larger than a quarter or one-fifth of an inch to accomplish the destruction of a vein, which is all you want.

It will be naturally asked, have you ever seen any bad consequences from this? I reply, never; I have done it on rich and poor, gentle and simple, on a Governor of this hospital among others, and on all with the most perfect success.

We are all the victims of our early prejudices; the antidote to this evil is the cultivation of one's own independence of mind, and not to yield to authority unless backed by reason. I was told I should kill the people, that persons would have an attack of phlebitis, &c., but lately I have shrank from applying the Vienna paste above the thigh. I have done it in two or three cases, but I now would hesitate to do so. The man I spoke of was peculiarly fitted for this treatment. He went out and told me he was well below the knee but suffered dreadfully above the knee. I applied four large eschars midway between the knee and groin. What followed? A large blush of erythema, extending one-third of the front of the thigh, the mass of veins was consolidated and hard from effused lymph; the day after the inflammation had gone, and now there is not a vestige of vein left. In another case I did it with the same result, the very shadow of the case I have just related. Therefore I see no reason why this condition should not be treated this way. I have never failed to apply the remedy, however large the veins, whether above or below the knee. Conjointly with this treatment is the necessity of such force being given to the circulation as to prevent that peculiar condition of the venous system which leads to this condition.

[Mr Skey here showed several specimens in illustration of this excellent plan of treatment.]

One case I knew where it took six months to heal up an eschar, but the man got cured. In one case only did I see the disease return. The

other day a patient showed himself, upon whom I had operated many years ago, now perfectly cured. My experience of sixty or seventy cases leads me to say it is perfectly safe treatment.

Now I want to bring before your notice some diseases of bone. A little boy was brought into hospital, three months ago, aged twelve years whose left leg, from the knee to the ankle, was large and swollen The statement he made was that he began to feel pain two years and a half ago in the leg. There was now no pain to speak of. He was put on hospital diet, and I gave iodide of potassium in large doses with bark, when I say large doses I mean the medicine is of no use without it is given in large doses. I will cure with ten grains what you cannot with five.

I was in the habit of ordering the iodide of potassium in the dose of five grains three times a-day. A gentleman wrote up to me from a town in Essex, stating his case. I said in reply, take ten grains of this medicine, and if not relieved take fifteen, and so on. He called upon me some years afterwards, and said he was very thankful for what I had done. He told me he had had in early life some venereal affection, which passed into his bones. He took iodide of potassium for some time in vain, but that when he took it as I had desired, he declared he had got quite well; he had taken it up to drachm doses.

From that time I began to give it in ten-grain doses. I gave the boy five grains without the least benefit, but whether it was the hospital diet, or bark, or iodide of potassium, I know not, an abscess appeared over the tibia, with an opening into the bone. The operation was done of breaking up the tiba above and below this, and all is now healing up. As to the result,—the peculiar feature is, you may have inflammation attacking the interior of a bone, that shall go on to the destruction of the bone without an external sign—so far except the outline of the bone. It is quite clear bone cannot live without healthy texture around it, it requires nourishment from its periosteum; if you cut off its vessels the periosteum will die—bone requires sufficient nourishment. I want to bring before you the cases in which the bone dies either from without or within. In the case I have mentioned, had the boy remained in his own residence, his case might have gone on for years. Now as the hole in that bone formed during the treatment, he will do well. There is no reason to suppose the bone will not re-form. The other case is where the bone becomes diseased from without; also in a boy aged fifteen, with an abscess of the left leg, in hospital two months ill only five days. Before admission he had twenty-five and fifteen leeches applied, total forty leeches. It (the leg) was enormously swelled on admission, and two pints of matter evacuated, which you will not be surprised at—forty leeches to a boy of fifteen! The bone was found bare, as matter had formed under the periosteum. The boy was fed up, I got the blood back he had lost, and he improved in health, but the bone was exposed three weeks, two inches below the tuberosity of the tibia and three inches above the ankle, of a white colour. Now I think I can compel the system to form granulations. and here a crop of immense granulations have

formed at the edges of the wound which have almost covered the bone.

The question is, can healthy granulations take up dead bone? I never saw it. What will they do with this bone? I do fear you will have a large exfoliation, and the granulations absorbed; they are out of place, an *error loci* they have no business there. We will, however, watch the result of this case, but I think there will be a large exfoliation sooner or later.

THERAPEUTICAL RECORD.

(*British and Foreign Medico Chirurgical Review.*)

Ferrocyanid Potassium and Urea.—This compound has been proposed as a substitute for quinine, in the treatment of some periodical diseases. It is considered applicable to those fevers, neuralgia, &c., in which the intermittence is idiopathic, and not the result of marsh miasm. Its bitterness requires that it should be given in pills. Ten to fifteen pills of fifteen centigrammes have been given in the course of the day.

Hæmorrhoids.—In some cases recently treated the actual cautery has seemed to possess advantages over the ligature and excision. It is often followed by vesical tenesmus and sometimes of retention of urine. These effects are relievable by a tepid bath. Contraction of the rectum has never resulted from the operation.

Hæmoptysis.—M. Aran recommends the application of ligatures to the limbs and ice to the chest as means of arresting the bleeding temporarily, of internal remedies which should succeed a combination of nitre and of digitalis as the most powerful sedative to the circulatory system.

Chronic Catarrh.—The inhalation of the vapor of sal ammoniac has been used. Employed two or three times a day, it has cured obstinate cases in a few days, and has on no occasion turned out useless. The salt may be volatilized in a small crucible, heated by a spirit lamp. The patient sitting before it, inhales the fumes and the air of the apartment becomes impregnated. The vapor is also recommended in syndesmitis and strumous ophthalmia.

Paraplegia—Dr. H. Bennett has given phosphuretted oil (gr. iv. of phosphorus to ℥ i of olive oil) in cases depending upon diseases of the spinal cord, without improvement resulting in any one of them.

Pericarditis with Effusion,—M. Aran has related a case which demonstrates that the pericardium may be injected with iodine for the cure of effusions as well as other closed sacs. The injection consisted of 50 grammes of water, 15 grammes of tinct iodine, and 1 gramme of iodid potass. It produced no pain, and a few grammes were allowed to run out before the wound was closed. Re-accumulation coming on, a second operation was performed. In the end recovery ensued.

Photophobia.—M. Van Holsbeck recommends as completely successful the external application of tinct. of iodine, especially in that form which accompanies strumous ophthalmia and chronic granular conjunctivitis. He paints the orbicular and superciliary regions once or twice a day, according to the severity of the case. A single application usually suffices to remove the symptoms in 24 hours.

Rheumatism.—Dr. Alies relates several cases of rheumatic affections in which he has rapidly effected a cure by the use of veratine, in doses of 5 milligrammes, every 5 or 6 hours.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

THE LATE CASE OF POISONING BY CROTON OIL.

The extreme, and, in our view, unjust severity of the sentence passed on Gallagher, lately tried before the Court of Queen's Bench, for a so-called attempt at poisoning with croton oil, entitles the case to a short notice at our hands. Michael Gallagher, say the reports in the public press, a private of the 39th Regiment was indicted for having, on the 2nd September last, feloniously caused to be taken, by one Margaret Curran, a drachm of croton oil, with intent to murder her. The prisoner pleaded not guilty. From the evidence taken, it would appear that Gallagher, while a servant with Captain Benson, became enamoured of one Margaret Curran, a fellow-servant, and, as she expressed it, "was very often humbugging her about love matters." The tender feeling not being reciprocated by Margaret, in consequence of her affections having been already engaged "by a young man who was gone to Toronto," Gallagher, as a matter of course, became the subject of all those soul-harrowings so pathetically described by poets as peculiar to the experiences of rejected suitors. He now told her, as hundreds of other love-sick swains have told their hard-hearted dulcineas before, that he "would hang for her, rather than that any one else should have her." He said this but once, and they remained on friendly terms until he left the situation, on or about the 2nd September. Shortly after leaving the place he met her, and promised to send her a bottle of beer. True to his promise, the beer was sent on the evening of the same day, by means of a little girl named Ellen Fitzgerald. Out of this bottle Margaret Curran drank a cup full, her fellow-servant, Ellen Hughes,

taking at the same time a cup half full. The latter says:—"I felt my mouth burning immediately after, and said to Margaret it was nasty stuff; I then went to the cupboard and took some sugar, for the stuff burned me; I then ran up stairs, and threw the stuff off and came down again, when Margaret looked very pale. I asked her what was the matter with her; she said she was very ill. I then retched again; Margaret asked if she would tell the Mistress; I said no, I shall soon get better; I felt a sensation as if I were going to die."

Dr. Woodman, Surgeon of the 39th Regt., was in immediate attendance, and having administered to each a mustard emetic, butter, and arrow-root and water, they were in a short time relieved from all their urgent symptoms. "I was shewn a bottle," he says, "and found it about half full of beer; I found some oil; this oil I afterwards found to be croton oil; I took the bottle away and had it examined by Mr. Hunt. I would swear that the oil which I obtained from the beer was croton oil."

Judge Aylwin, in summing up, told the jurors, among other things, that, "with reference to the crime of poisoning, there was this to distinguish it from other modes of producing death, that the act could never be explained consistently with innocent intentions. A man might flourish a stick, or fire a gun without intending to cause death; but he who used poison must do so knowing well that it was dangerous to life, if administered in sufficient quantities. He mentioned this, because besides the two facts that the poison had been taken by the deceased, and administered by the prisoner, there remained this third point to be made out in order to establish the crime—that the poison was administered with intent to murder. When the law said that the intent characterized the act, jurors were not called on by that to dive into men's thoughts, and say that a prisoner's thought was to commit murder. That was impossible. The jury must judge that the man intended that which was the necessary consequences of his act; and here there could be no doubt on that score, for on account of the reason already given, the administration of poison necessarily indicated the intent to kill. But for the speedy intervention of the surgeon, judging from the natural effects of the oil, death must have followed."

While we admit all that the learned Judge has laid down in the premises concerning the crime of poisoning, and the duty of jurors in determining the intent of a prisoner, "by judging that the man intended, that which was the necessary consequences of his act," we decidedly differ from him, that there could be no doubt on that score in this case. In our opinion, two very important questions which were not touched

on by the defence, and which his Honor took for granted, remains to be proved, before we can, with common justice, say that Gallagher, in administering croton oil to the girls, intended to commit the crime of homicide. 1st. Is croton oil a poison, and if so, in what dose? 2nd. Is croton oil popularly known and regarded as a poison? That both the seeds and oil expressed from the seeds of the croton tiglium are poisonous in large doses, is admitted by all toxicologists; but this opinion would appear to have been formed, rather from the energetic effects of small doses, than from any direct evidence as to the fatal effects of large ones. And that this is not always a safe criterion, is sufficiently evidenced by the action of other medicines—tartar emetic, for example, which in doses of one or two grains produces nausea, vomiting, and purging; but may be given to the extent of several drachms during twenty-four hours without producing injurious consequences. Two cases, in which large doses of croton oil have been taken, are on record. One is to be found in nearly every recent work on materia medica and Medical Jurisprudence. It is as follows: a young man, living in Paris, aged 25, affected with *severe typhoid fever* swallowed by mistake *two and a half drachms* of croton oil, and death ensued, as a consequence, four hours after the oil had been taken. What was exceedingly singular no lesion was found in the gastric membrane, and the intestines presented merely the ulcerations which are characteristic of typhoid fever. Taking into consideration the debilitated condition of a person suffering from typhoid fever, it is not to be surprised that the oil caused death. This result would have been equally produced by the depressing effects of any other powerful cathartic. The second case has been placed on record by Dr. Cowan, and was not fatal. A *teaspoonful* was administered by mistake to a child *four years old*, who had previously eaten a hearty meal of bread and milk. In five minutes the child was seized with violent vomiting and purging, soon followed by alarming prostration. Under the use of warm fomentations, and free libations of milk and mucilage the child was convalescent in two days. Dr. Cowan has known similar symptoms follow the administration of half a drop to an adult. Here, then, *an entire drachm* was swallowed by a child in perfect health, and yet death did not result. Who then can state positively that croton oil is a fatal poison in drachm doses? the very quantity put by Gallagher in the bottle of beer. Add to this, that all writers admit its effects to be very variable; some persons taking as many as ten drops, without having the bowels affected in the slightest degree, and who will not agree that the prisoner ought to have had the benefit of the very evident doubt that exists as to croton oil being

poisonous, even in doses as large as a drachm. The language of Judge Aylwin, that death *must* have resulted, judging from the natural effects of the oil, but for the intervention of the surgeon, is, in the present state of our knowledge regarding its physiological action, altogether too decided, if not quite unwarranted.

We come now to the second question, which is by far the more important one of the two, inasmuch as its solution tends either to fix the guilt of the prisoner or free him from the imputation of homicidal intention. For, if croton oil be popularly known and looked upon as a poison, then the conclusions which his Honor arrives at, on the assumption that such is the fact, are perfectly justifiable; but, if the contrary be true, and the assumption is erroneous, then are his conclusions completely invalidated. It is, we think, sufficiently obvious, that Gallagher cannot be treated as a man who has studied and made himself familiar with the operation of poisons and medicinal substances, but as one of the general population, who entertains, in common with his fellows, certain determinate notions regarding the effects of these substances, and when he employs them, does so in consonance with these ideas. Now, although it is extremely difficult for the scientific man to give a definite opinion of what a poison really is, to the popular mind nothing is easier. "A poison is something that kills"—something that has a property *sui generis* inimical to life." Such is the notion of the mass. They know comparatively little of the distinctions to be drawn between one poison and another, or the degrees of action of the same poison. The irritant, narcotic, and narcotico-irritant, are one and the same to them; they are *poisons*, therefore they destroy life. The same simple notions are held by the vulgar regarding other medicinal substances. A purgative is a substance which, when taken, produces purging; an emetic causes vomiting, and so on; and one would scarcely be credited if he said that any substance, known as a purgative or emetic was a poison. Ask any one of this class what opium, arsenic, Prussic acid, or strychnia are, and he will immediately answer—"Poisons." Ask him what jalap or aloes are, and he will say as promptly—"purges." Tell him, if you wish to excite his risibility, that jalap is a poison; and yet a greater number of cases of poisoning have occurred from the exhaustion produced by the excessive purgative action of aloes and jalap than has ever occurred from that of croton oil. The great question is, then,—what is the popular idea of croton oil? The only way to arrive at a positively correct answer would be to propose the question to some thousands of the community indiscriminately; and, were this done, we are certain that not one who has heard of the medicine, independently of

this trial, but would answer,—that it was a "purge." Gallagher, therefore, if what we have laid down be correct, considered croton oil not as a poison but as a purgative, and in consonance with this idea, mixed it with the beer administered to Margaret Curran, for the purpose of giving her a thorough purging, and nothing more; "intending," in juridical phraseology, "that which was the necessary consequences of his act." A singular way certainly to be revenged on a female for not returning his affection, but one which would be apt to present itself to the mind of a course uneducated person; as such tricks are very common among his class; the purgative substance heretofore being, however, jalap instead of croton oil.

We were anxious to say more on this subject but a message from the printers says—"no more copy wanted." We will therefore give, if we think it worth while, some further remarks on the subject in our next number.

That Gallagher is deserving of severe punishment for his act, we freely admit, but that he should be condemned to death, or probably spend the remainder of his life in penitentiary, is, we consider, exceedingly cruel treatment.

ECTROTIC TREATMENT OF SMALL POX.

In our last number we published an article from the pen of Dr. Von Iffland, in which he recommends in the highest terms, a solution of nitrate of silver, of one drachm to the ounce of water, as an ectrotic remedy in this truly loathsome disease. The Dr. lays no claim to originality in the treatment, but states that he was induced to try it on the suggestion of Dr. Douglas, "to whom, it would appear, it had also been suggested." Now, as nothing delights us more than to give honor to whom honor is due we are happy in being able to inform our readers, and we know the information will please our friend Dr. Von Iffland, that the original suggestor is Dr. Rowand of Quebec, who is solely entitled to the credit of having initiated an abortive treatment of small pox, which, from all accounts, is far superior to that of the application of tincture of iodine. In our next number an article will appear from Dr. Rowand, establishing his claim to the origination of this treatment, with details of cases treated, the local and general effects of the remedy, and such other information regarding it as he may think interesting to the profession.

LONDON CORRESPONDENCE.—No. 7.

London, Sept. 17, 1856.

Knowing very well how much the government of the profession in this country interests that body in the Canadas, I have been vainly waiting for some satisfactory intelligence to communicate on the subject of Medical Reform, and delayed writing from time to time in consequence. Matters are still in *statu quo*, and the medical privileges of the Archbishop of Canterbury rest undisturbed. Hope, however, is strong, and thousands of intelligent men, whose organ of hopefulness is large, are hoping that at last something is to be done. Until that time arrives I shall keep silent about Reform.

London is very quiet at this moment; it is the dull season of the year; everybody who can muster the means has gone out of town; those who cannot, hide themselves, and are presumed to be out of town. Nothing is to be seen, therefore, at any of the hospitals, worth speaking of, during the latter part of August, and all September. Now that the war is *temporarily* over, the demand for surgeons has ceased, and the hospitals do not expect more than an average number of pupils this coming session. I use the word temporarily, because very little discrimination and prophetic foresight is necessary to see that two years will scarcely elapse before the whole continent of Europe will burst out into a blaze, and to expect this country to remain neuter will be out of the question. Let this be a hint in time to some of the Canadian Students, who may wish to distinguish themselves, and obtain a reward, in the shape of one or more medals or crosses. It is rumoured that the Government intends to establish a great Central Military Hospital in London to replace that at Chatham, which is to be broken up. All the invalids who arrive at Portsmouth or some other seaport, from foreign stations, have to come up to London before they go down to Fort Pitt, and as this is productive of great inconvenience, an effort will be made to adopt a new system, by adding another to the many great hospitals already existing in this metropolis.

Feeling, in common with so many of my confreres, the incessant wear and tear of mind and body, I am at present luxuriating at Shoeburyness (although my letter is dated from London), through the kindness of a military friend, who has given me a share of his quarters and a seat at the Mess. This is the only station in England at which the Artillery are taught practical gunnery, and it is here that all the novelties in this particular branch of the service are tried before adoption and approval. Horsfalls monster wrought iron gun—a real great big gun that would hold a dozen children—has been already tried and approved of; a description and sketch of it appeared in the *Illustrated News* of the 6th inst., it propels a shot weighing 336 pounds an immense distance. There is a cannon I have just seen fired several times, at intervals of 10 minutes, with 12 shot each time, which was sent over by some American who declared it could not be burst. An effort is made to accomplish this daily, and several little fissures, perceptible only with a glass, were pointed out to me yesterday, but the metal is so tough and unyielding, that it will be some time before its destruction can be ac-

complished. Not unfrequently, very serious accidents occur from these experiments, and pieces often come uncomfortably close, more especially if bursting prematurely. A large rifle mortar with a spiral bore, has been recently tried, it propels a conical shell weighing 270 pounds, with spiral ridges to correspond to the grooves of the mortar. When fired, the shell several times has burst the moment it escaped at the muzzle. The gun, therefore, is a complete failure.

Shoeburyness before the war was always an insignificant station, but now it is becoming a place of some importance. A hospital is being built, additional barracks and magazines are rising, and the force kept here will be increased. The commandant, Colonel Michell, I have no doubt, will be recollected by a great many Canadian friends, as he was many years stationed in Canada. I am at this moment looking out on the broad expanse of the German Ocean, a great many vessels are seen in the offing; looking southerly the Isle of Sheffey can be distinctly seen, and towards the western end, Sheerness. The Isle of Sheffey, it is my intention to spend a little time at, on another occasion, where I hope to gather a large number of the London clay fossils. One's appetite gets sensibly sharpened by the sea air, and the change from the atmosphere of London to the sea coast, is particularly invigorating and refreshing.

It has been a source of pleasure to me, on many previous occasions, to speak of honours conferred upon Canadian Physicians. This agreeable task it is again my province to perform. I feel sure it will gratify the numerous friends of Dr. Von Iffland of Quebec, to learn that he was elected a corresponding member of the Epidemiological Society of London, on the 7th July last. His services in the cause of science have been fully recognised by that influential body, which numbers some of the first in the land among its members, and we may look for communications from his able pen, which, I have no doubt, will appear in the Transactions of the Society. Speaking of the Transactions, I will mention, *en passant*, that the forthcoming volume of the Pathological Society is expected to outdo any of its predecessors, and will contain a large number of original researches and a great many drawings, colored and plain. Contrasting this volume which is issued to Fellows for an annual subscription of a guinea, with the one emanating from the Medico Chirurgical Society for a subscription of three guineas annually, the comparison is very much in favor of the former. This is a reason why the number of fellows of the Pathological is so large, and this enables the society to publish such excellent volumes.

The chapter of accidents this year in London, appears to beat hollow, anything of the kind that has been known for many years past, and a great many sad occurrences are due solely to carelessness. To give but a single terrible example—a poor carman, the other day was about to load a van with bags of sugar at the St. Katherine's Dock. His vehicle was placed under one of the loop-holes in front of the building to receive the sugar, each bag of which weighed 3 cwt. Two of the bags were suspended, and while in the act of lowering them, the rope suddenly became liberated, when they both fell with fearful violence

upon the poor man, and crushed him in a most shocking manner. The abdominal and thoracic viscera were completely forced out, the heart lying exposed on the outer surface of the abdomen. Yet, in this condition, when the poor fellow was extricated he uttered, the words "good bye," and immediately expired. Horrible mutilations are quite common on railways, but a form of accident like this, forcing out the viscera, we do not hear of every day, and produces quite a sensation.

There have been several alterations in the staff of the Hospitals, within the past two months, but as these are generally given in the Medical Journals, I shall not recapitulate them. G.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

(Reported by Mr. R. Anderson.)

Peter Summer, middle age, admitted on the 27th July, 1856, empyema of the left side; under Dr. Reddy, subsequently under Dr. Wright.

When admitted a splashing sound was distinctly heard on succussion; left side enlarged and dull on percussion; obscure breathing as high as the second rib; and a deficiency of expansile movement. The disease seemed to have originated in an attack of pleuro-pneumonia, which he experienced two years before: since then he felt a peculiar sensation of weight and uneasiness in that side. On the 4th of July he first began to be aware of this collection in the chest; and had often heard the splashing, before making application for admission to the hospital. He was subject to paroxysms of coughing; with profuse expectoration, which occurred about once a week. On the 15th of August the chest was measured by Dr. Wright, and it was found that the affected side was nearly an inch greater in circumference than the opposite.

Under a mixture of Donovan's solution and iodide of potassium, the cough became less troublesome, and expectoration diminished. Aegophony was now heard. Pulse '95.' He complained of great pain; sometimes in the side, at others in the lumbar region, increased on pressure. The expansile movement of the chest became more marked, and respiration more distinct, and almost normal over a larger extent of surface, (all round the nipple); and he began to get more rest at night.

This continued up to the 27th, when he complained of an attack of indigestion, with great abdominal uneasiness, which was attributed to the effects of the medicine. Under the following draught he completely recovered from these symptoms. ℞ tr. sennae ℥ss, spt. ammoniæ arom, tr. hyoscy. aa ℥j. ft. haust.

On the 30th we again tried succussion, but no sound could be heard. The side had increased in size half an inch, with œdema of the integument over the left mamma. A drachm of the following liniment was rubbed in four times a day.

℞ lin. sapon: co. ℥iss. tr. digitalis, tr. iodinii aa ℥ss. *M.* ft. lin.

About the beginning of September he became confused in his intel-

leet. Used to get out of bed and ramble about, complaining of great hunger. Some little effusion into the peritoneal cavity was now perceived, with diuresis; water limpid, pale yellow colour. His mixture was omitted and the following given:

℞ pot. acet, sol. morphia aa ℥ij., liq. am. acet. aa, spt. junip. co. ℥ij. *M.* ft. mist. ℥i., four times a day.

He now began to perspire profusely.

On the 5th of September we again measured the chest, and found no increase in size. Great protrusion of the mamma. Dullness on percussion. Respiration heard only as low as the second rib, inaudible at the fourth. He complained of some dyspeptic symptoms which were soon relieved by a slight aperient; and as he was becoming very much emaciated and weak, he was ordered a nourishing diet, and 6 oz. of wine daily.

On the 11th the side had increased another half inch. There was great displacement of the heart; the impulse being felt at the right side of right mammary region. He now began to be more oppressed in breathing. Always lay on the affected side. A blister was applied to the side, and afterwards dressed with strong mercurial ointment, which relieved him.

On the 15th he was in a state of dementia. Had lost his appetite. Chest increased another half inch, and a tonic mixture was prescribed.

R quinœ sulph. ℈j., spt. ætheris sulph. co. ℥vi, acidi sulph. arom. ℥ij. tr. cascarillæ ℥j., aquæ ℥vj., *M.* ft. mist. cap. ℥ss, four times a day.

On the 18th Dr. Wright performed paracentesis thoracis, and 5½ pints of pus were withdrawn; after which he felt lighter; but his breathing was very little relieved. Shooting pains were felt in the side resembling those of his first attack The pulse, which had steadily increased, was, before the operation 128, now fell to 65, and he complained of great weakness. Calomel and opium were now prescribed, and continued a few days. On the 23d the expectoration had increased. The affected side now measured two inches less than before the operation, but still an inch more than the sound side. Slept little and restless, with constant moaning in his sleep. Diarrhœa now came on, and gr. ss of opium was administered three times a day. Two or three days after the operation, said he felt stronger, but he soon began to sink. The opium and wine were increased, and opiate injections were administered four times a day. The pulse again increased in frequency since the operation; and on the 29th was 100, but weak and irregular. He continued to moan in his sleep, and complained of a pain in his bowels. Was very low and emaciated, and partly unconscious. He died on the night of the 29th.

At the post mortem examination, the thorax contained 1½ gallons of pus. The lung was bound down to the spinal column by a thick, dense, secreting, false membrane, which lined the whole of the cavity. The intercostal muscles of the fifth, sixth, seventh, and eighth ribs were completely disorganized, perforated and hanging in shreds. The pus had burrowed between the ribs and pectoral muscles; and on moving the body flowed out of the mouth and nose.

Novel Cure for Warts.—(Reported by Mr. R. N. Shaver.)

Wm. Compsty, a sailor, was admitted into the Montreal General

Hospital, July 23d, 1856, suffering from phymosis and several warty excrescences on the glans penis. There was considerable thickening or hypertrophy of the prepuce. The ordinary measures were tried, to remove these symptoms, but with little or no success. It was finally determined that an operation of circumcision, was requisite, which took place on Aug. ———being performed by Dr. Wright. After excision of a ring of preputial skin and mucous membrane, a great number of vegetations were noticed around the corona glandis, and on the inside of the skin of the penis, near the cut surface, presenting a cauliflower appearance. They were so numerous and closely packed together, that it was not deemed advisable to extend the operation by proceeding to their entire extirpation.

A few days afterwards it occurred to Dr. W. to try the effect of a new plan he had devised for treating warts, and which, upon being practised, proved eminently successful. Accordingly, several of the more isolated warts were selected; a thread saturated with liquefied chlorid zinc was passed by a needle through the basis of each, in two or three different directions, and made to cross each other diagonally; these were then allowed to remain at rest, undisturbed for two or three days; in the meanwhile the warts grew dry and dark, at the end of that time the threads were pulled out, and shortly afterwards the warts tumbled off, leaving a clean healed surface underneath. The same method was tried in another case, a large wart on the hand, and found equally effective.

In the above case the remaining warts being so closely aggregated, the above method could not be applied, they were treated with creasote, under which application they became absorbed.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th September, to the 1st October, 1856.

	Men.	Women.	Children.	Total.
Remained,	41	10	0	51
Since admitted,	74	10	0	84
	115	20	0	135
Discharged,	66	7	0	73
Died,	0	0	0	0
Remaining,	49	13	0	62
	115	20	0	135

Fever,	9	Abscess,	3	Hemiplegia,	1
Inflam. of Lungs,	4	Ulcers,	3	Myelitis,	1
Do. of Liver,	1	Wounds,	2	Phymosis,	1
Do. of bowels.	2	Contusions,	5	Erysipelas,	1
Rheumatism,	8	Pregnancy,	3	Subluxatio,	1
Dysentery,	3	Lupus,	1	Feb. Intermittens,	1
Diseases of Skin,	1	Abortus,	1	Hernia,	2
Inflam. of testicle.	2	Cancer, Mammæ.	1	Epilepsia	1
Syphilis,	9	Oppthalmia,	1	Destitution,	1
Fractures,	5				

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ORIGINAL COMMUNICATIONS.

ART. XX.—*On the Prevention of Pitting in Small Pox,* by a strong solution of nitrate of silver. By ALEXANDER ROWAND, M.D. Physito to the Marine and Emigrant Hospital, Quebec.

John Henry Smith, lumberman, aged 20; well proportioned and athletic, was admitted under my care, at the Marine and Emigrant Hospital, Quebec, on the 23rd of April, 1856. Three days after admission, an eruption of small pox made its appearance, which soon became confluent. Three days after the eruption presented itself, I applied a solution of nitrate of silver all over the face, of the strength of one drachm of the salt to an ounce of water, which was much stronger than I had heard of having ever been employed before. This was done with the view of preventing pitting, which appeared inevitable, from the severity of the disease and its tendency to confluence. For, in addition to high fever and constitutional excitement, the cutaneous inflammation ran a severe course, in some parts assuming an erysipelatous character, terminating in subcutaneous abscesses. The patient experienced a grateful sense of cooling from the application, which also relieved the distressing itching, and tension from which he suffered, and he begged earnestly to have the wash again applied. The practice was pursued daily till the 13th May, when it was discontinued. The blackened cuticle now began to peel off, leaving the face perfectly free from pitting, while the hands, in which the disease had been purposely allowed to follow its course, were deeply and numerously scarred.

Other striking beneficial effects were observed to follow the use of this strong solution, besides the prevention of pitting—the inflammation about the face and head became diminished, and the itching and heat were lessened, whilst the application caused no pain, gave rise to no disagreeable odour, and was not followed by any secondary fever. The patient recovered completely from the disease, and is now a servant in the Hospital.

In addition to the above advantages, I believe an important step is attained towards the patient's safety by so materially diminishing the intense inflammatory action about the head, and in such close proximity to the brain; and I am so strongly impressed with its utility in this respect that I shall apply it not only to the face, but all over the scalp, in all future cases.

Having every reason to be gratified with the result of treatment in the foregoing case, I mentioned the circumstance to my friend Capt. Reeve the commandant at Grosse Isle quarantine station, and strongly urged him to recommend a trial of the same plan in the quarantine hospital, when an opportunity should occur. He did so, and it was accordingly tested in four cases, during the following months of June and July, with the most satisfactory results.

These cases have been reported in the October number of the *Montreal Medical Chronicle*, by Dr. Von Iffland assistant physician at Grosse Isle, and I have received letters from that gentleman and from Capt Reeve and Dr. George Douglas, the medical superintendant of the station, acknowledging that it was from me they obtained the first idea, as to the utility of a strong solution of nitrate of silver in the ectrotic treatment of small pox. I am well aware that weak solutions of the same salt have been recommended, but from their weakness, they proved irritating and inefficient, and have consequently been abandoned. The solid stick of caustic has been applied to each punctured vesicle, but this process was found to be painful and tedious, and in confluent cases almost impracticable.

None of these objections apply to the strong solution of one drachm to the ounce of water. Its application is free from pain, it has been proved to be highly efficacious, and its employment can be entrusted to a common nurse, or attendant on the patient. Moreover, I would recommend its application to the mouth and fauces. I do not, however, recommend its application to the cornea when attacked with the small pox pustule, as that organ demands special and separate treatment from the surgeon.

I have ventured to publish the above case from a firm belief in the superior advantages of the remedy in preventing pitting, and likewise as an antiphlogistic agent of great potency, for I am fully convinced that its more general use will not only prevent much disfigurement, but tend materially to lessen the danger to the life of the patient, and I trust I shall also be pardoned for claiming to be considered the originator of the plan, a step which has, however, been rendered unnecessary by the frank admission of my friend Dr. Von Iffland.

Of course my readers are not to suppose that in the foregoing case, or in those reported by Dr. Von Iffland that constitutional treatment was neglected.

XXI.—*Nitrate of Silver in Small Pox.* By A. Von Iffland, M.D., Vice-President College Physicians and Surgeons, C.E.

In my article published in the October issue of the *Medical Chronicle*, on the ectrotic or abortive treatment of small pox, with a *solution of the nitrate of silver*, you cannot but have perceived, that I assumed no other merit, than that of successfully testing the application as suggested to me, by Dr. George Douglas, (and to whom, as I therein observed, it had also been suggested). Indeed, I did not in the least, attempt to discover any new fact, but merely verified one, already *expressed*, and *now*, I am happy to announce, even *tried* by a distinguished member of the profession,—Dr. Alexander Rowand, and, I have therefore only to hope, that I have been chiefly instrumental in awakening general attention to it, and thereby, extending the benefits of so important an ectrotic in that loathsome and disfiguring disease, the *small pox*.

The importance of obtaining a modifying power over the variolous pustule, had engrossed my attention for a number of years. I have brought to the test, independent of what may have originated from my own mind, almost every means, which had been considered by several gentlemen, prominent in the profession, as efficacious in preventing the maturation of the pustule, and the subseqeunt pitting. The sulphur ointment, tincture of iodine, mercurial ointment, thickened with starch, and even the pure nitrate of silver, have all, from time to time, been employed by me, but with no very satisfactory result, at least, they more or less, possessed such properties, as to render them, if not dangerous, highly objectionable, and sometimes impracticable in *confluent* small pox.

It now remains with me to observe, that nothing but a sense of moral obligation to the human family, as well as the interests of science, has induced me to recommend most earnestly to the members of the profession, a solution of the nitrate of silver, in the form prescribed in my article as the safest, and most efficacious application, which in the present state of our knowledge, can be employed as an *abortive*, in the incipient, or more advanced stage of the eruption in *small pox*.

For this important and valuable application, second only in consideration, to that of vaccine inoculation, the claim of priority (in Quebec*) appertains alone to *Doctor Alexander Rowand,* and I am happy, in common with his numerous professional friends, to recognize it. His zeal and activity in the cause of practical science is well known, and his labors in the field, cannot fail to bring forth useful fruits.

Grosse Isle, 23rd October, 1856.

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*(The parenthesis is ours.—Eds. Med. Ch.)

XXII.—*Removal of large Adipose Tumour from Right Labium.* By Dr. R. WIGHT, St. John's, C.E.

Madam B—, aetat 68, French Canadian, a hard working woman, consulted me about the removal of a growth of the genital organs, and gave the following particulars:—30 years ago was delivered very quickly of her third child; immediately after which she discovered a large hard swelling of the right labium pudendi, for which little or no treatment was adopted. During the succeeding eight years, had several children, and experienced some little trouble from the tumor, which continued to increase slowly and steadily, interfering more or less with each act of parturition. For the past 22 years, that is since the cessation of the catemenia, the tumor has increased more rapidly, and from its great weight and size, causes much pain, and gives her a very peculiar, waddling gait, remarked by all who see her going or coming from market, or while engaged in harvest work.—Has derived no benefit wearing a suspensory bandage, or any other contrivance of a similar nature.—

On examination, the tumor presented itself between the thighs, extending from the vulva to the knees, attached to the right lab: pudendi by a arge pedicle, 6 inches by five in diameter—three inches long and gradually expanding into the body of tumor, which measured 14 inches in length and 26 inches in circumference. The pedicle was formed by the drawing down of the labium pud: the inner or perineal aspect being cover ed by the fine red and delicate mucous membrane of vagina, whilst the outer or crural was coursed over by numerous and tortuous veins. The skin covering the tumor itself was very coarse, and resembled that o elephantiasis. She complained that latterly the dragging down pain was constant and intolerable, and "felt as if the weight of the tumor would draw every thing out of her:—General health good, glands of groin unaffected, and patient very anxious to have the enlarged mass from removed.—

Having determined, that it was not malignant, but most probably an adipose tumor, and removable by knife, I obtained the assistance of Dr. Kingdom, R. C. R. and Dr. Bissonette and on the 10th inst. removed the same.

After placing the old woman on the table, as for lithotomy and bringing her under the influence of chloroform, a knife, such as is used for amputation of the forearm was carried through the pedicle, a little towards the inner aspect, and by pushing it downwards and inwards, an internal flap was formed. Replacing the knife where it entered, and carrying it downwards and outwards an external flap was formed, and the body of of the tumor completely detached and removed. Several arteries spirted

freely, but were instantly restrained by the application of, as many fingers, six required ligatures, and as soon as the oozing ceased, the edges of the flaps were approximated, five points of suture made, cold water dressing applied, and the patient placed in bed on her back. During the operation, she lost about twelve ounces of blood, union by the first intention took place throughout the wound; on the fourth day the sutures were removed, and on the eighth the ligatures came away, the cold water dressings were changed for warm, cicatrization perfected, and she is now up and engaged in her usual domestic affairs.

The growth proved to be an adipose tumor, with its cyst of condensed cellular membrane, and weighed 12¼ lbs.—It is now in course of preparation for the Museum of McGill College.

It is very seldom that the surgeon meets with such an enormous dispose tumor of labium pudendi—I have not been enabled to find the record of any such.—The swelling which the patient discovered immediately after delivery, thirty years ago, was probably "thrombus," formed by the rupture of one or more small veins; the fluid parts of which being absorbed, left the more solid; these became organized, and being supplied with vessels from adipose tissue, gave that character to the tumor. How it could have been mistaken for hernia is remarkable, having the history and progress of the case so clearly described by the patient, not to mention its situation and absence of impetus on coughing, &c. &c.

St. Johns, C. E., October 20, 1856.

XXIII.—*Case of Spina Bifida, with Post-natal Hydrocephalus*, in which the operation of Paracentesis Capitis was performed 17 times. By J. B. Gibson, M.D., Clarenceville, C.E.

On the 17th December, 1855, attended Mrs. N— in her confinement. She was delivered of a male child, which, upon examination, was found to have a tumor that was situated low down in the lumbar region, of the size of a couple of goose eggs. It was soft, impressible, and fluctuating, presenting all the ordinary character of the swelling, familiarly known as hydro-rachitis, or spina-bifida; a third of its surface, however, was peculiar, from presenting a raw appearance, and discharging a thin, watery fluid. Co-existent with this local condition, the lower limbs were partially paralyzed. These circumstances caused me to give a very unfavorable opinion as to the probability of the child's surviving for any great length of time. The tumor was dressed with ung. simplex, and I left it, expecting that I shouldsoon hear of the death of the infant.

On the 28th December, I was sent for to see the child, as the parents were anxious to have something done for the tumor; and hoping that it might in some way or other be made to heal, I prescribed a mild astringent lotion, without, however, any further expectation than that it would lessen the secretion constantly pouring out from the exterior. The result supported this view, for under the use of the application the abraded surface cicatrized. Almost simultaneously with the stoppage of the discharge, the head began to enlarge, although I was unaware of such being the case until re-sent for on the 28th January, 1856, I then discovered that the infant was labouring under well marked symptoms of hydrocephalus. The medical treatment (mercurials, diuretics, &c.,) usually adopted in such cases was tried but without deriving any benefit from it, as the head kept on enlarging until the 24th April, when it had attained the size of 26½ inches in circumference, and 17 inches from ear to ear over the vertex; it was furthermore remarkably tense, so much so that, to the anxious eyes of the parents, it seemed on the point of bursting. No amelioration occurring after a continued perseverance of the above remedial measures but the case becoming rather the worse, at the earnest solicitation of the parents that something more might be done for the relief of the child from its evident distress, I advised puncturing the brain; another physician was sent for in consultation, and on the 14th April I performed the operation in the usual manner. Half a pint of a transparent colourless fluid was drawn off, and the head was then carefully bandaged, the child apparently experienced much relief from the operation, and none of the evil results occasionally witnessed were entailed. The paracentesis was repeated on April 19th, 26th; May 5th, 19th, 23rd, 29th; June 9th, 16th, 23rd; July 8th, 15th, 23rd; August 1st, 11th, 18th, 25th, making in all 17 times; the amount of fluid drawn off at each operation gradually increased until it measured a pint. But besides these copious evacuations a yet larger quantity of serous liquid absolutely escaped, since after each operation an unknown leakage drained away for 1 or 2 days until the puncture healed, and it probably exceeded the amount measured at the time of the operation. After the tapping of the 26th August symptoms of encephalitis manifested themselves, and the child died on Sept. 1st. No post-mortem examination was performed as I did not think it necessary to urge the propriety of it, in opposition to the feelings of the parents. Nor was there any reason to expect the presence of any deviation from the pathological peculiarities of similar cases. The cranial bones were distinctly disarticulated from each other and floating as it were on the fluid beneath. I was inclined to believe that the encephalitic symptoms were rather of the cerebral than the meningeal type,

and arguing from this it is to be assumed that the hydrocephalus was of the ventricular type, or that species in which the brain is distended into a bag of thin nervous pulp in contradistinction to the second variety, in which from the fluid being extra-peripheric in location, the brain is flattened down towards the basis cranii in a laminated like manner. If this opinion be correct the case is further interesting by shewing how much injury the brain can sustain without a serious result, for from the effect of the 16 operations, antecedent to the last, the recovery was perfect. The fluid was secreted with amazing rapidity after its abstraction, so that the original volume of the head was but very temporarily reduced; that withdrawn on the 11th, 18th and 26th August, was of a dark reddish color, at all other times it possed the properties and appearance answering to the description of it above given. The preceding case is encouraging to future operators, by assuring them with what extraordinary frequency and comparative impunity paracentisis capitis may be undertaken. As a surgical procedure, simply, the puncture created is neither destructive nor untoward, and under this consideration the case adds another link to the chain of evidence that already has been collected by inquirers in substantiation of the little apprehension that is to be entertained of the consequences of encephalic wounds when placed under favorable circumstances. So long as the system possesses strong recuperative powers, it is capable of effectively defending itself from the covert invasions of the inflammatory conditions, we are taught, must necessarily co-exist during the progress of reparation from such injuries. And how forcibly is this truth impressed upon the mind of the observer in witnessing recoveries without the entailment of a single bad symptom, after losses of brain-substance from violence, such as in the catastrophe described by Dr. Harlow, (Ranking's abstract, 1849,) of an iron bar passing harmlessly through the skull; or again, as is perhaps less often noticed in the perfect exemption, from ulterior consequences of a dangerous kind, that patients enjoy who die afflicted with a hernia cerebri, since in them it is quite common to see portions of the protruding brain actually cut away by the surgeon, or the same parts slough from their outward exposure, and yet in neither case is positive harm incurred. Examples like these seem confirmatory of the proposition advanced, by shewing not so much depends on the condition of the parts or its importance to life, as rather on the anterior or concomitant states of the vital powers. For if now the opposite states be contracted, states of life in which these energies are depressed or worn out by previous disease as in fever, or oppressed by an accumulating train of sickly events, as in scrofula, we find that their inherent recuperation is incapable of exertion or else in the struggle to assert its dominancy, it is

led by the inclinations of disease into a perverted action. It is under unpropitious circumstances like these that the slightest injury or wound turns out bad and ends wrong. Of this abundant proof could be adduced. Applying then these reflections to the case above reported, we would seem to have an explanation of the final establishment of encephalitis, for as long as the recuperative powers were sufficiently competent, the danger of the operation was averted, but as they grew enervated by the protraction of the original disease, then reparation was supplanted by a fatality—the simple restricted inflammation of the former passed uncontrolled into an action of a higher grade. Extending now these observations to the general question of the propriety of paracentesis capitis in cases of hydrocephalus, it would seem we had an easy guide offered us for our determination of the uncertainty in any individual case, by giving a due estimation to the condition of the constitution of the patient. This certainly appears to be a trustworthy indication, and I think the facts now advanced—demonstrate that the operation in itself is not dangerous and is not precluded from employment as some surgeons once supposed by any such fear. Nor would it seem that one form of hydrocephalus more than another, is preferable in an operative point of view, in opposition to the opinion that has been elsewhere expressed, which contends that in the external variety there is less risk of subsequent evil than in the internal form, because the preceding serves to shew that in the latter the supposed source of danger has in reality no existence. And in conclusion I would remark it is well for practitioners such an equal immunity should prevail, for, I believe, it will be generally granted, it is impossible during life either to diagnose the one kind of intra cranial dropsy from the other, or to fix correctly upon the precise seat of encephalic inflammation, whether it be meniongeal, or cerebral, or both.

XXIV—*Powerless Labour*—great sloughing of the *vagina*. By S. J. Stratford, M.R.C.S., Eng., Auckland, New Zealand.

About 4 o'clock on Wednesday, 7th May, 1856, I was called upon, by Mr. D, residing in Auckland, to go and see his wife, who was in labour. I was told that Dr. P. was in attendance—had been called at about 5 o'clock on Tuesday morning—said that he should not be wanted for some time—went away and returned about 4 A.M. He now remained as the pains were becoming severe; they gradually increased, and by 3 or 4 P.M., they were very severe—so much so, that the women in attendance, were urgent that the labour should soon terminate. Dr. P. now

stated that the child's head was coming along well, and was so low down as to be within *less than* an inch of the world. The pains still continued excessive, and upon enquiring the reason that the child did not come along, Dr. P. stated that the bone behind delayed it, but it would soon come. Still the pains were extremely severe, and all parties expected the immediate arrival of the child; which the Dr. promised should be *here directly*, for 8 or 10 hours.

When I arrived, I saw Dr. P., who desired me to make an examination. I did so, and found the tumefied scalp of the child, slightly protruding at the os externum during a pain. I now examined the os coxygis and found it unyielding. It was evident that the head was arrested against it, and could not pass. It should be said that this was the first labour, and the patient stout and well made, but upwards of thirty years of age. The perineum was soft and yielding, with a copious fetid discharge, which gave out a bad odour into the room. The parts were not hot, and dry, but appeared particularly flabby and insensible. I found the patient dreadfully excited, throwing about her arms, and imploring assistance. This excitement was so severe as to approach convulsions; and the attendants said that she had been raving, so that they became excessively frightened. Dr. P. and myself entered into the next room to consult. I pointed out to the Dr. the danger of the case, and recommended the immediate employment of the forceps. Dr. P. now declared that he had an insurmountable objection to the use of forceps on first cases. I was surprised at the declaration, and declared that unless they were used, and that speedily, some severe injury must be the result, if it had not already occurred. Still he objected. I spoke of ergot of rye, and it was agreed that it should be exhibited; but if that was not sufficient to advance the head, would he not use the forceps—he said, no! I then stated that I judged the symptoms so urgent, that I would take upon myself the responsibility of using the forceps, if he still declined—as I was sure that a little assistance would bring the head of the child past the os coxygis; speedily effect the delivery, and put the woman comparatively out of danger. As soon as the infusion of ergot was ready, it was offered the patient to drink, but she objected to take it unless we gave her chloroform. She said the pains would come back again, and they would be more than she could bear. At last she was persuaded, and had scarcely swallowed it, when the Dr. declared that he was sick and tired, and would go home. He did so.

I now got the patient removed to a larger and more commodious bed, than the one she was lying in; sat down and watched her attentively. I saw that she was getting wild and incoherent; the skin was bathed in a cold sweat. The pains returned occasionally, but, notwithstanding

the ergot of rye, was valueless. Pains more of a grinding than forcing kind, showing that the labour was declining. I watched attentively the operation of the pains upon the head of the child; the head slightly descended, but it was with trifling impulse, so that they were not able to force the head past the os coxygis, which was plainly the obstructing cause. I should also remark that the patient's face was swollen, her countenance excessively anxious and discoloured, the lips were blue, and the upper lip greatly swelled, which the attendants declared was from biting it during her excessive pains; they said these pains had lasted day and night; they said she was so much easier that they felt quite relieved, for she had pulled them about with extreme violence.

Finding no effectual pains to follow the ergot of rye, I at once resolved to relieve the patient with the forceps. She prayed that it might be done speedily. I did not examine if the child was alive or dead, for the head was so low that I was sure that I could give immediate assistance. After the usual preparations, I introduced first one blade and then a second, with the utmost facility; immediately brought them to a lock, and had a slip knot tied around the handles. During the operation I desired the woman to tell me if I gave her the slightest pain—she complained not, and I was surprised with what facility I locked the instruments, without an assistant hand to guard the perineum, which is apt to be pinched by the handles of the forceps—so lax was the woman's perineum. Waiting for a pain, I now enquired if the introduction of the instruments had given her any inconvenience; she said not the slightest. A pain came by one or two movements with the instrument, and by a small amount of traction, the head of the child passed the os coccygis (at least that portion that lodges against the bone), at one pain, and descended low enough for me, by pressure behind the os coccygis, to retain it in position. The forceps were now quickly removed, and assisting the next pain with my hand, the head was born. I hurried the body along as fast as I could by hooking my fingers into the arm pits, but it descended very slowly, notwithstanding that abundant pressure was maintained above the pubes. The body was now born, the external parts yielding with the greatest facility, so much so, that I am pefectly certain that there was not the slightest laceration.

Attention was now given to the child; a hot bath was in readiness, and I proceeded to employ artificial respiration, but I found the child dead and *stiff*. When I tried to bend the arm it would not yield. The body was firm and incompressible, and it was evident that the child had been dead for a considerable period.

We now returned to the mother, and soon after assisted the afterbirth, which came readily away. A bandage and towels were applied,

and the patient now expressed her gratitude for the relief she felt, and declared her belief, that she never could have been delivered without the use of the instruments. That they gave her no inconvenience, to be compared with the horrid pain she had experienced, for the last twenty-four hours.

When the child was born, it was observed that the unpleasant smell was greatly increased, and offensive brown-looking matter covered its skin, and ran from its mouth.

I now left the patient in a state of comparative repose, but when I returned in the evening, the attendants pointed out that the bad smell was very unpleasant. I advised them to examine if they could find any cause for it—they did so—and called me to see the dreadful state of the parts. One mass of slough, presenting the most frightful appearance, I ever saw in such a case. I particularly examined to see if I could find any laceration of the parts; they were black, but firm and continuous.

The next day, finding the patient had not made any water, I endeavoured to introduce the catheter, but could not find the orifice, the parts were so swollen and changed. I advised hot fermentations, &c., and after a little time she made water pretty freely, but not to my satisfaction emptying the bladder. In a day or two the slough began to separate, and I now tried again, and drew off considerable water, and continued the use of the catheter until the tone of the bladder was restored.

The parts were now almost completely cleaned, and have regained their normal sensibility; for, curious to say, that when I examined them on the second day, she had scarcely any feeling in the parts, so insensible had they become, from the pressure or irritation of the child's head. The patient has often complained of pain at the extremity of the bone, (the os coccygis) and this appeared to be increased on going to stool, as though the bowels had been injured in some degree, by the pressure of the child's head.

It is worthy of remark that she had a slough upon the arm, from an injury received during the violence of her struggles, and is still deficient in the power of the left arm from the same cause—while the ribs into which the abdominal muscles are inserted, are still in considerable pain upon any inordinate motion—showing the enormous amount of power expended in the vain attempts, before the head of the child passee the os coccygis.

From the facts now advanced, I think it is plain to the meanest capacity, that the woman was in imminent danger; that the indications of the employment of the forceps were surely evident; that the case demanded immediate relief at any risk, and in the most speedy manner possible, while the result has fully borne out my diagnosis, and explained

the symptoms of great constitutional irritation, which presented themselves. Dr. P. declared that he would not agree to the use of the forceps—by which declaration I was placed in a most painful position—destined to see the poor woman suffer, or die on our hands, or to act upon my own responsibility. I was sure I could give her immediate relief, and with little or no inconvenience. I weighed the matter in my own mind, and resolved that the woman should not be without assistance, be the consequences what they would. Dr. P.'s departure at once left me free to act as I judged best.

I may have erred in etiquette to a brother practitioner, but I am sure I fearlessly did my duty to the poor woman. I was sorry the urgency of the case obliged me to take the patient, in any measure, out of his hands. I told him so, and urged him to the only course left for us to pursue, but he would not comply. I am certain that after I had been called in, and saw the grave symptoms which presented themselves, I owed a duty to her which was paramount to every notion of professional etiquette. With her it was life or death, or certain deformity, which is, perhaps, even worse than death itself; agreeable to her speedy delivery or not. No doubt she experienced a great amount of suffering, but I am happy the reparative process has comparatively healed the parts, without opening up the rectum or injuring the bladder or urethra.

Reflecting upon the history of this case, I would ask why should the forceps not be employed at an earlier stage? If they had been used some eight or ten hours sooner, would not the child have been alive? while we are sure the mother would have been saved an enormous amount of suffering. No person in his senses would desire to use the forceps if the head was still descending, but with the os uteri perfectly dilated, and the head pressing upon the perineum—the pains severe—and no advance made in a reasonable time, say an hour or more, surely it would be safer to employ the forceps, than have the mother and child to struggle on without assistance. I would maintain that it was better to use the forceps *too soon*, than by an *unwise delay* to hazard the life of the child, and the safety of the mother. I think such cases are not unlike a recent strangulated hernia, where we delay the operation until mortification has happened, or is about to happen, so that by our timidity, we cast an unjust obloquy upon the operation. In this case ignorance or prejudice may accuse the forceps of the mischief that occured while, if they had been employed at an earlier stage, such ill consequences would never have happened.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXIV.—*A treatise on Therapeutics and Pharmacology or Materia Medica.* By Geo. B. Wood, M.D. late President of the College of Physicians in Philadelphia, Professor of the theory and practice of medicine in the University of Pennsylvania Hospital. One of the authors of the United States Dispensatory, author of a treatise on the practice of medicine, &c., &c. In two vols, p.p. 1741. Philadelphia: J. B. Lippincott & Co. London: Trubner & Co. Montreal: B. Dawson. 1856. Price 40s.

We are indebted to the American press for several works of originality upon materia medica, as instances, may be specified, the treatises of Chapman, Bigelow, Bell, Paine, Harrison, Eberle, Dunglison, Mitchell, Tully, Wood, and Bache,—which, as productions of personal merit, are of a high order and deservedly esteemed. To these another has been added, that, we are persuaded, will not dishonor its forerunners. On the contrary, we predict it will occupy a prominent place in the front rank of excellence, and, therefore, we experience pleasure in entering upon its review.

The history of medicine is signalized by the many controversies that have been waged from æra to æra, concerning the nature of diseases. Of these the one, most talked of now, was that which subsisted between two contradictory schools. According to one school all diseases were seated in the fluids of the body, while the opponent contended for their residence in the animal solids. The espousers of these respective theories soon became illustrious, those of the first were named humoralists, and the holders of the last were designated solidists. Of course, as in every other *casus belli*, each champion believed himself to be infallibly right, and his adversary egregiously wrong. Both saw their days of fame—both rose and sank. It is not our purpose to dwell further upon them at present; we still have fragmentary evidences of their conception, but happily neither are now upheld with the same illiberalism they once were. Some think pathologists are again taking up exclusively fluid-like notions and returning to the primitive belief of their ancestors, but we believe instead of such a revolutionary system, men of our age are pre-eminently characterized by a tendency to form combinations in their views, and so harmoniously blend together antecedent disagreements. Hence, it is that we hear from the same individual opinions upon one subject that are purely humoral, and others on a different topic which are strictly solidical; and we find the pathology of to-day a double

one, in which is written descriptions not only of the abnormal organs but also of the morbid fluids of the body. Out of the ancient stock of humoralists, and solidists sects sprang up who narrowed down the old ideas to a very small compass. One referred disease in general to the *blood*, while the other settled it wholly in the *nerves*. Very interesting, indeed, is it now to learn that the modern opinions, as published, concerning the modus operandi of medicines is precisely identical with those just declared in explanation of the nature of diseases. Among pharmacologists there is discoverable a restrictedly humoral, and an exclusively solidical belief. By the first class all medicines are asserted to act by the blood, while from the other we are told that these agents act through the nerves. A few, however, remain who are less dogmatical and more conciliatory than the former, and admit that remedies may act through both channels. Undoubtedly an amalgation such as this, is to say the least a safe resource, particularly for those who feel, with Sir Roger de Coverly, that a great deal may be said in favor of and against both sides. Dr. Wood is of this class; he inclines to the action by blood, but cautiously concludes his observations on operation through the nerves with these significant remarks: "It is, therefore, I think, premature to reject altogether this mode of medicinal operation, and, indeed, it is not impossible that some substances may operate in both ways, giving rise to an impression through nervous transmission, which may be afterwards strengthened and perhaps modified by the immediate action of the medicine through the circulation."

It has always appeared to us remarkable why these two kinds of action should be considered antagonistic, and, yet more singular that they should have received the attention they have engaged. Antagonistic, they certainly are not, for after an elaborate investigation of the entire discussion what is the honest and simple conclusion that must be forced upon the unbiassed mind of a candid inquirer after truth. Why, truly, this, that each theory at most only explains *the channel* by which medicinal substances or influences are transmitted through the system after having been applied to a part. And that even after granting the accidence at times of the double action or coalition movement, such as Dr. Wood has stated, or yet further, admitting it in any of its modifications, as in the hypothesis of Morgan and Addison, only differing from Dr. W.'s in a reversal of the order between nerve transmission and circulation:—Even after multiplied concessions, we reiterate, like these the fact is indisputable, that neither theory throws any light upon the *real* modus operandi, but each, at furthest, implies that medicines are conveyed to some distant organ, from changes in the normality of which the therapeutical effects proceed, and thence radiate or extend else-

where. The ultimate end, then, of blood-circulation or nerve-propagation is to transmit the substance or influence to a part secondary to that of primary contact. There is unquestionable proof, inasmuch as it is ocular, of the vessels being channels for medicinal substances, and that the latter are absorbed, circulated and eliminated; while there is, morally speaking, just as strong evidence, because it is incontrovertible, of the nerves being channels for medicinal impulses, and that the latter are received, conducted, and extricated. And in receiving these facts, can we reject the obvious inference, proceeding from them, to the effect that the nerves are the media by which *actions* are transmitted, while the blood is the conduit through which *the materials* for action are conveyed. From such a *point d'appui* is it not therefore obvious, that the two theories are not antagonistic, since in reality the one must dovetail into the other, and either be subservient to its fellow. Innervation cannot be instituted without circulation, and *vice versa*, circulation is dependent upon innervation. The nerves can only conduct an immaterial principle, in other words an impulse; and the blood is on the other hand a distributor of physical agents, such as are in point, viz. drugs:—To return now to the second opinion we have expressed of these theories. Let us ask, do they merit the importance they have obtained? The negative answer is that which must be pronounced, and it is sustained by what has been previously advanced. Do we get the right understanding of the modus operandi of a remedy, by curtly saying it is a blood medicine, or it has induced its action by nerve influence? In such an assertion we cannot discover anything bordering upon a rational intelligence, much less of a lucid interpretation, for as the poet says—

> "In other garb my question I receive,
> And take my doubt, the very same I give."

We can simply apprehend a mystified expression for the fact expressed, and are left as much as ever in the dark about the true causation. It has naturally appeared strange to us to find authors constantly stop short in their inquiries, after deciding with complacent satisfaction whether the humoral or solidical action was the more correct one. And it was with no slight gratification we found Dr. Wood describing the *secondary operation of medicines* or the action manifested subsequently to blood or nerve agency He desribes this operation as producible in 7 ways. 1. By depression following excitement. 2. By the reaction following depression. 3. Through the dependence of function. 4. Through the principle of sympathy or nervous transmission. 5. Through the principle of revulsion or derivation. 6. Through the efforts of nature to repair injuries. 7. Through the removal of the

cause. He enters upon the details of each in the 3rd section of the 1st chapter. Passing onwards Dr. W. proposes the inquiry, "*whether the effects (of medicines) are organic or functional.*" And we think he has offered a happy solution of it. Considering organic effects to imply such as are attended with appreciable change, he believes they may occur under different conditions. In the more intense, as decided transformations of texture, as in the action of chemical agents—or less obviously in an alteration in cell-existence. His words are "now it may be readily conceived that a medicine affecting the secretory function of an organ, shall act simply by increasing or diminishing the rapidity of the cell-action; that in the time required in health for the throwing off and replacing of a certain number of cells twice the number may undergo the same process in the one case, or only half the number in the other," according to which, of course, must be the quantity of blood in, and passing through the organ at a given time, and the amount of product actually secreted. And again, in like manner the *quality* of the secretion may be changed, by assuming the blood or pabulum to be mixed with foreign materials as drugs. These things are examples of organic effects; the fact of functional effects inducible by medicines, separately, from any organic change is not however entertained.

Proceeding forwards, we find our author considering "the modes of therapeutic action." These he arranges under ihe 12 following heads "1. Depletion; 2. Repletion; 3. Dilution; 4. Elimination; 5. stimulation; 6. Sedation; 7. Revulsion; 8. Supersession; 9. Alteration; 10. Anti-Causation; 11. Chemical action; 12. Mechanical action;" and the whole severally discussed in a clear and comprehensive manner.

The action of medicines is still further continued under the various classes to which they belong, where generic modes are considered as well as under the description of each particular agent, where special differences are particularly pourtrayed. The classification Dr. W. has adopted is based upon the same principle, as the original Cullenian arrangement, which Murray, Paris, Thomson and others, who have followed the great originator have more or less modified. Dr. W. divides remedies into two great classes of systemic and non-systemic. The systemic "operate upon the system," and the non-systemic "upon extraneous bodies accidentaly contained within the system." The systemic are subdivided into general and local. The general, 1st into stimulants, 2nd sedatives, and 3d alteratives. Under the 1st are comprsed, *a.* permanent stimulants, as astringents and tonics; *b.* diffusible stimulants, as the arterial and cerebro-nervous, the latter being either nervous, cerebral or spinal. The 2nd is divided into *a.* arterial; *b.* cerebro-nervous, either nervous or cerebral. The third is undivided. Local reme-

dies are arranged in a tripe way; into those, 1. affecting the functions, as emetics, cathartics, diuretics, diaphortics, expectorants, cholagogues, emmenagogues, uterine motor-stimulants, sialagogues, errhines. 2. Affecting the organization as rubifacients, epispastics and escharotics. 3. Operating mechanically as stimulants, emollients, demulcents and protectives. Non-systemics are but of two sorts, either antacids or anthelmintics. It were perhaps easy to take exception to this classification, by objections raised not so much against the manner in which it has been effected, as against the principle upon which it has been founded. But this would not then be altogether fair to the author, who, considering the faultiness of the plan by which he worked, has probably elaborated a less objectionable form of arrangement than his predecessors who have built upon the same model, so that we may say of his classification as the learned Dr. Samuel Johnson said of Dr. Watts," devotional poetry. "It is sufficient for Watts, (Woods) to have done better than others, what no man has done well."

As further instances of Dr. W's mode of treating this important subject, with which we first started, we adduce the following example:— The acting of the class of astringents it is well known has been hazily defined, and hence given rise to much improbable conjecture. In reference to it, Dr. W. remarks, "the following appears to me to be the true explanation of the phenomena, as far as they are at present susceptible of explanation. All the living tissues have a certain degree of vital cohesion essential to the due performance of their functions; and this cohesion probably depends on a property of organic contractility, which is called into action and sustained by the healthy stimulus of the blood and nervous influence. If these fail, the cohesion diminishes and a condition of relaxation takes place. Now astringent substances have the peculiar property of stimulating this organic contractility; and it is this property by which they are characterized as a class of medicines. All that we know upon the subject is, that in consequence of the contact of these substances with the tissues, the contractility of the latter is called into action and they shrink." We admire these passages for, as we take it, their display of medical sense and manly frankness, which are good solid possessions too seldom met with. Of a similar order are the pertinent remarks, on the action of cod liver oil, "the best explanation, I think of its operation is that it possesses the power of directly stimulating the blood-making and nutritive functions, in a manner analagous to that of other tonics, and in certain cases more effectively than they." "It does not simply fatten. It improves the digestive

process, increases the proportion of red corpuscles in the blood, and invigorates the whole nutritive function."

The discussion of the merits of each class of medicines comprises chiefly certain general remarks, mode of operation, effects on the system, indications and therapeutic applications. Upon the conclusion of this, the various members of the class are introduced seriatim and particular references specially had regard to the full statement of the following points relative to every individual substance:—Origin; sensible properties; varieties; active principles; incompatibles; effects on the system; therapeutic application; administration, including preparations. The chief aim of the author has been to produce a work which shall be truely utilitarian in its tendencies and be chiefly suited for the want of practitioners, so that, as he says in his preface, "though aiming at considerable fulness in all that concerns the effects of remedies, the nature of their operation and their therapeutic application, it has no pretension whatever, to be considered as a complete exposition of the materia medica properly so called. Of the natural and commercial history, the sensible and chemical preparations of drugs, the author has endeavored to select such parts as are of direct and immediate interest to the medical practitioner, and without a knowledge of which he can scarcely be said to be prepared to enter upon the duties of his profession."

XXXII.—*Obstetrics: the Science and the Art.* By Chas. D. Meigs, M.D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College Philadelphia; lately one of the Physicians to the Lying-in Department of the Pensylvannia Hospital, &c., &c. Third edition revised. With 129 illustrations. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. Quebec: Middleton and Dawson. 1856. Pp. 758. Price 18s. 9d.

The present volume appears to be a complete treatise on the theory and art of obstetrics, and treats with considerable amplitude on the ordinary topics commonly pertaining to this department of science. We believe it is the continuation, or rather a new edition of the work which was published some years ago, under the title of the "Philadelphia Practice of Midwifery," containing, however, numerous improvements upon this, the more primitive issue. Like all the productions of its experienced author it bears upon its pages the decided impress of originality, and no

reader can be without discovering in these writings frequent indications of individual character. These peculiarities are, when properly restricted, significant of the possession by the author of talents of no mean order, for they imply that he is one of the class of vigorous minds who descend from the densely thronged platform of plagiarists to the free field of open inquiry to think and speak for himself. The risk, however, is not infrequently incurred when the "*ego*" thus takes wing, of the promulgator forgetting both the requirements of humility and those of charity, thereby being rendered as an exhibitor very prone to offend unseemly against his own self as well as his neighbor. And in like manner being induced to pay very little deference to the judgement of others, but to treat his own convictions with an overweening assurance of their infallibility. This evokes a spirit of dogmatism, and that often ends in actions of absurdity. We have reason to believe such extreme and intolerant bias will not be found to pervade the work; but whether or not the lesser emanations which are sometimes as the immature buds of such a fuller developement may be discovered in its pages, we rather than decide, would refer to the investigations of our readers to determine. Tho following specimen may afford some light in unravelling this question :—refering to Hœmatosis the Dr. lays down the following laws, relative to the subject which we have every reason for believing to be his own, for so far as we know the singular opinions they embrace, are not entertained by any other person than Dr. Meigs.

"3. The only tissue the blood touches is the endangium, which is the lining or interior of the membrane of all blood-vessels. . . . . The endangium is the delimitary membrane of the blood. The blood perishes or changes very soon, almost entirely after it escapes from within the endangium. It is converted, or it is coagulated, or it dissolves, or it ceases to be blood upon leaving the cavity of the endangium. 7. Contact with the endangium is essential to that developement, since the blood looses its physical character, as soon as it ceases from that contact. *The endangium containing the force that makes the blood.* . . . 8. The endangium is the blood membrane—when it is healthy the blood is so—when it is diseased the blood is diseased. The health of the endangium is as essential to normal hœmatosis as that of the gastro-intestinal mucus membrane, is to the health of the digestive force. . . 9. Simple diminution in the life force of the endangium prodnces, the idiopathic forms of anœmia, in which the solid constituents of the blood becomes lessened in quantity, while the aqueous constituent is increased in quantity. 13. The nervous mass acted on by oxygen, gives out the

nerve force, the biotic force, the life force. It does not extricate or give out that force under any other excitor or influence."

XXXIII.—*The History and Statistics of Ovariotomy*, and the circumstances under which the operation may be regarded as safe and expedient; being a dissertation, to which the prize of the Massachusetts Medical Society was awarded, May, 1856. By GEORGE H. LYMAN, M.D., P.p., 140. Boston: John Wilson & Son. From the Author.

Dr Lyman has entered very fully into the consideration of everything connected with ovarian tumours. His essay exhibits great research, and is well deserving of the prize which it obtained. He gives the following analysis of the results of operation in three hundred cases of ovariotomy:—Of the three hundred cases, the operation was completed, by the removal of the tumour, in 208; which, excluding four not mentioned, gives us 70.27 in 100. The tumour could not be removed in 78 or one in $3\frac{31}{39}$, or 26.35 in 100. The tumour was partially removed in 10; or one in 29 3-5, or 3.37 in 100. In one case the result is not stated; of the remaining 299 operations, 178 recovered, 120 died; or one in $\frac{59}{120}$, or 40.12 in 100. Of the 208 cases in which the operation was completed, 119 recovered, or 57.21 in 100; 89 died, or one in $2\frac{30}{89}$, or 42.78 in 100. The above gives us, therefore 300 operations for the removal of ovarian disease, of which 119 only were successful in the removal of the disease and the recovery of the patient; or one in $2\frac{162}{119}$, or 39.66 in 100,—less than two fifths. Of the 78 cases in which the tumour could not be removed, 55 recovered from the operation, or 70.51 in 100; 22 died, or one in $3\frac{6}{11}$, or 28.20 in 100; and in one the result is not given. Of the ten cases in which the tumour was partially removed, five died, and five recovered from the operation.

From the facts which he has brought forward, he deduces the following conclusions:—The mortality attendant upon ovariotomy is no greater than it is after other capital operations. The mortality resulting from extensive incisions of the peritoneum is generally over-estimated. Fully developed cystic disease of the ovarium tends rapidly to a fatal result. No method of treatment heretofore devised for it is so successful as extirpation; excepting possibly, that by injection with iodine, of the results from which, we have, as yet, insufficient statistics. The operation is unjustifiable in the early stages of the disease. After active developement has commenced, with the supervention of constitutional symptoms, the sooner the operation is performed, the greater the chance

of recovery. No rule can be laid down as to the length of the incision other than the general one,—that, the shorter it is, the less the mortality, and that, therefore, the primary incision should always be small, and extended afterwards as may be necessary, according to the exigencies of each particular case. If, after the operation is commenced, extensive adhesions should be discovered, either the complete abandonment of the intended extirpation, or the attempt to cause suppuration, and gradual contraction of the cyst, by means of a permanent external opening, are to be preferred to the division of the adhesions, and completion of the operation as originally designed.

XXXIV.—*Hand-book of Inorganic Chemistry* for the use of students. By Wm. Gregory, M.D., F.R.S.E., Professor of Chemistry in the University of Edinburgh, and author of "Hand-book of organic Chemistry." Fourth American from the third English edition. To which is added the Physics of Chemistry. By J. M. Sanders, M.D., L.L.D., etc. New York: A. Barnes & Co. 1857.

This well known book, by the eminent Professor of Edinburgh, has lately been issued by Messrs. Barnes & Co., of New York, with valuable addenda, by Dr. Sanders, on the cosmical forces, viz:—light heat, electricity and magnetism. Thus improved it constitutes a concise compendium, for the use of the student in inorganic Chemistry. For in the words of the pulishers notice, "Perhaps no person has succeeded so admirably in the accomplishment of condensation, without the sacrifice of perspicuity, and this is what has rendered his work so popular, especially among those whose duty is to teach the science." The American editor has also been fully aware of these desirable attainments, and in stating his texts has not allowed the wants and capacities of his readers to escape his watchful notice. And lastly, this volume has been brought out in good style, and, typographically, does credit to the press of the publishers.

CLINICAL LECTURE.

(From the London Medical Circular.)

On Some Cases of Hernia. By Eusebius Lloyd, Esq., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

Gentlemen,—We have had so many cases of hernia in the hospital during the last three weeks, that I will bring some of them under your

notice to-day. You will often hear it said there is never a case of hernia but we may see something new. Now of the cases:—A man, long unwell, aged 49, was admitted the last day of December with hernia on each side, of fourteen years duration; he had previously suffered occasionally from symptoms of strangulation, but the hernia was always reduced. When admitted, he appeared a cadaverous, unhealthy-looking man like one subject to habits of intemperance, and was so at times, on the testimony of his wife. He had tenderness about the abdomen, which was in a tympanitic state, and a large strangulated scrotal hernia, very tender on the right side; he was constipated, and had been vomiting a few hours before. Seeing the condition of the man, with that of the abdomen and of the tumour, I considered there was no time to be lost, and therefore proceeded at once to the operation, and determined, if possible, to reduce the hernia without opening the sac. It appeared to me that if the abdominal cavity were opened, death would most probably be the result. Chloroform was given, and as under its influence the hernia could not be reduced, I made an incision through the integuments, over what felt like a band tightly stretched over the neck of the sac, and appeared to be the stricture. I found it was at the external ring, and divided it, but I could not make any impression on the hernia. I then passed my finger along the inguinal canal, and found a band of fibres constricting the neck of the tumour. This was divided, and that part of the sac being exposed, with some little manipulation the hernia was reduced. He was then sent to bed, and as he had peritonitis and enteritis for some time, I ordered calomel, 3 grains, and one and a half of opium to be taken immediately. I did not want any action on the bowels; the calomel was given to act on the liver, and the opium to tranquilize the circulation to prevent peristaltic action. Next day he was ordered a quarter of a grain of opium, with hydrarg. c cretâ gr. ijss. every six hours. On the 4th of January, he continued his pill every night and morning; but the next day, the 5th, the bowels were open, and from that time to the present, the bowels have acted without any assistance. There was in this case a complication present, always most undesirable in a case of hernia. The patient had long suffered from chronic bronchitis, with constant cough, which would have interfered with the healing up of the wound constituting another reason why I would not open the sac. He had half a grain of opium every six hours for his spasmodic cough. If there had been mucous secretion, I would not have given opium—here there was not. I am always very careful not to give opium to a great extent where there is much mucous secretion. On the 14th the cough was much relieved, and a pectoral mixture ordered, and from that time he got well. He is now only waiting for his truss. He has had almost from the first ale and porter. I have no hesitation in saying that if this case had been treated as cases of scrotal hernia used to be, by an incision through the whole length of the scrotum and sac, he would have died. But the sac was not opened, and he went on well.

On Sunday evening, a woman aged 47, was admitted with a large hernia of the right side. On the Friday evening previous, she had violent sickness and vomiting, which became stercoraceous. The taxis

was employed and castor-oil, &c., administered, all of which she brought up. The hernia extended to the anterior superior spine of the ilium. She had a warm bath on admission, and an attempt was made at reduction without success; this had been previously tried by a surgeon before admission. This was one of the largest cases of femoral hernia I ever observed. It extended towards the internal ring, across the symphisis pubis, and externally to the anterior superior spinous process, occupying a space, perpendicularly, of 3½ inches, in a fat woman. You could hardly have a more unpromising case to deal with, and I determined to see if the reduction could not be effected without opening the sac; the stercoraceous vomiting showed the stricture to be very tight. I made an incision over, as correctly as I could judge in such an abnormal condition of parts, Gimbernat's ligament and cut upwards and inwards, so as to enable my finger to pass freely underneath, I could find no band, and therefore attempted reduction. Now, when we consider the cause of femoral hernia, and see where this tumour made its way, it would appear difficult to determine the course most favorable for reduction; but still I pressed the parts from above downwards, and then upwards, and by gradually continuing this, all the intestine apparently went up, but then I found a good deal of omentum. I did not return a great deal of this, but left some, thinking it better to do that than open the sac. I was sorry I made an attempt even to reduce the omentum, because in a large hernia, when at the time of the operation omentum has been left in the sac, I have found it all disappear in a short time, or if it remained in the sac, occasion no inconvenience. I have sometimes even left a small part of intestine, which has subsequently gone up; it is rather a bold thing to do, but it is sometimes preferable to opening the sac. This operation was done on Sunday evening, and she has gone on as well as we can expect; she had a very little nausea and vomiting subsequently, but nothing else of importance occurred. There has been a little liquid motion, and I have ordered her an injection. At present things are most favourable, but if the sac had been opened it would not, perhaps, have been so. This case subsequently recovered perfectly—the sac in about a week having opened itself, and the omentum sloughed away.

In another case, admitted on Saturday, a woman with femoral hernia, not large but with a narrow neck, and tight stricture, and continually vomiting. As usual, I cut down upon the seat of stricture, and passed my finger to Gimbernat's ligament, which I divided, but the hernia could not be reduced. I then found a band of fibres crossing the neck of the sac, and which when divided, permitted reduction without any difficulty; the whole operation only occupying a minute's time. She had enteritis before the operation, but subsequently continued improving under the use of appropriate remedies.

Another case I operated on died; it is this:—A man was admitted on 24th January, in a state of delirium tremens, having laboured under it the last two or three weeks—a most unfortunate state in a patient about to be operated on for strangulated hernia, because in delirium tremens the vital power is at a low ebb, and the inflammation which kills, from hernia is itself of a most depressing kind. I have never seen delirium tremens

come on after the operation for strangulated hernia; nor have such of my colleagues as I have spoken to on the subject in the numerous cases occurring in this hospital for the last forty years; but after other operations it is very common. The patient, Rich. Darcy, aged forty, has had hernia twenty-seven years; not sure whether it may not have existed from birth; he wore a truss four years, and latterly left it off. Bowels open at 3 a.m. on 23rd; pain commenced at 4 p.m. A surgeon was sent for, who applied the taxis for one hour, with a good deal of pain; sickness continued to eight p.m. When we saw him, the parts were much inflamed and distended from effused blood, the effects of the taxis. The hernia was reduced at half-past one a.m. on the Thursday, under chloroform, some fulness remaining in the inner ring after the operation. At nine o'clock on Thursday evening he was again sick; brandy and opium were administered, which he threw up; it was necessary to support him with brandy at the beginning, on account of the delirium tremens. The hernia came down again that night, but was reduced by Mr. Allen, the house surgeon. At three a.m. on the Friday, it came down again, and felt like an empty sac, and I stated it felt as if it was one of those cases where the hernia was contained in another sac in the tunica vaginalis. No bandage was put on, because I was not sure whether this was a piece of empty intestine or a hernial sac. Sickness came on again at seven p.m. and at night he vomited stercoraceous matter. Next morning, on seeing him, I found the hernia again down; it was reduced about three a.m. except that part just mentioned. At nine a.m. stercoraceous vomiting again came on; and, in consultation with my colleagues, it was decided to operate. Mr. Lawrence thought it would be as well to leave the man alone, as there was now some doubt whether there was a hernia or an empty sac; and considering the depressed state of the man, this will show that it was a complicated and difficult case. By the advice, however, of the majority of my colleagues, I proceeded to operate; and my object in operating was to divide the stricture external to the sac, and if I found I could return the hernia easily without opening the sac, I would do so; but all around were desirous the sac should be opened. I tried to return without opening it, but in thinning its neck I gave it a little nick, and it was then opened, and out came a piece of dark red intestine, with a coating of lymph and ecchymosed spots, but not in a state of mortification; there was an emphysematous feel about the parts external to the hernia as well as in the intestine itself, the coats of which were thickened from infiltration. I found some constriction about the external ring, long and narrow. This was divided, but the stricture remained very tight at the internal ring, which was therefore divided. The canal was very narrow but we succeeded in reducing the bowel and omentum. After the operation, five grains of calomel and one and a-half of opium were given, and then one grain every six hours. The vomiting after this was the effect of the enteritis. On Tuesday morning he became worse, constantly vomiting, with great tenderness, and oppressed breathing. He speedily died. All the parts of the wound had healed by the first intention, and the canal was quite closed. The cause of death was solely the peritonitis and enteritis, but he might have survived had it not been for the deli-

rium tremens. Exhaustion previous to the operation and his intemperate habits, therefore, were the immediate cause of death. You will say, perhaps, that this patient would have had a better chance if he had been operated on earlier; but it is very doubtful whether any human means could have preserved the man's life. He was in a most unfavourable condition for an operation, and it was not to be expected that in such a case reparative processes would have set up, or that the morbid action already existing would be arrested. But as a general principle of action, I cannot too often repeat, never delay an operation for hernia unnecessarily, even for a short time. I would exhort you, likewise, never to open the sac, if the hernia can be reduced with the sac entire, without the employment of undue force. The late Mr. A. Key and myself were for some time the only persons who strongly recommended this operation as a general rule; but subsequently there have been many labourers in the field, especially Luke and Gay. Long after I had been in the habit of thus operating, not a surgeon in our hospital would have recourse to it. But at the present time, as you all know, all our surgeons practice it on all favourable opportunities.

THERAPEUTICAL RECORD.

Remedy for Cramps.—M. Sicre states that he has found very severe and even very obstinate cramps relieved by a very simple procedure. This consists in placing under the bed one or more bars of iron, or a portion of iron of any kind may be placed in the mattrass or under the sheet, in such a manner that it gives firm support to the feet.—*Gaz. des Hop.* LXXVII.

Dispersion of Milk.—M. Contenot has found the expressed oil of hemp-seed an admirable means for the rapid dispersion of the milk, employing it in abundant warm frictions, and then leaving the breast covered with wadding soaked in it. It is of no effect where inflammatory action, consequent upon engorgement, has set in.—*Union Med.*, No. LXXXII.

Vomiting in Retroversio Uteri.—M. Brian draws attention to a case in which the obstinate vomiting of pregnancy seemed to depend upon partial retroversion of the uterus, it ceasing soon after reposition had taken place. Prof. Moreau, who saw the case with him, informed him that he had several times met with similar cases, which were as effectually relieved.—*Bull de Therap.* Tome LI., p, 57.

Sore Nipples.—M. Legroux has found the following treatment very efficacious. Collodion is rendered elastic by the addition of half a part of castor oil and 1½ parts of turpentine to 30 of collodion. It is applied by means of a pencil over a radius of some centimetres around but not on the nipple. Over this is applied a piece of gold-beater's skin, having some pin-holes opposite the nipple to allow of the passage of the milk. This, by the drying of the collodion, becomes rapidly agglutinated.

Before suckling, the gold-beater's skin is moistened with a little sugar and water, and becoming soft and supple, easily admits of sucking. If it is cracked it must be replaced.—*Union Medicale*, No. LVII.

Caustic in Nævus.—Dr. Macke recommends the following caustic as a highly useful application to *nævi materni*, especially in young children. Corrosive subl. 4, collodion 30 parts. It is to be applied by a small brush, and desiccation takes place so rapidly that the action of the caustic does not extend beyond the spots it is applied to. A solid eschar, one or two lines in depth, falls off in from three to six days, and the pain induced is inconsiderable, and of short duration.—*Revue Med.*, 1856, p. 692.

Herniaria Glabra as a diuretic.—Dr. Van Den Brœck states that this substance, frequently employed by Matthiolus and Fallopius, but since fallen into disuse, is resorted to with great success at the Mons Hospital; and that often, when reputed diuretics have failed of effect, the following forms a very excellent one:—Infuse 30 parts of the herniaria in 300 of water for an hour, and add nitrate of pot. 4, tinct. digit. 2, and oxymel of squills 30 parts. Dose: a spoonful.

Iodine in hygroma.—M. Grose has found, in sixteen cases of hygroma, the application of tinct. iodine twice a-day, upon compresses secured by means of a bandage, always attended with success. In very delicate skins the first applications may excite vesication, and then longer intervals may be required, or the iodine may be diluted.—*Moniteur des Hop.* No. LXXII.

PERISCOPE.

Case of Stone in the Bladder—Operation—Difficulty—Recovery. By D. S. Brandon, M. D., of Thomasville, Ga.

On the 5th day of August, 1853, W. B. B., a strong able-bodied farmer, of Thomas county, aged about forty, presented himself at my office for the purpose of having a stone removed from his bladder. The patient's health being sufficiently good to authorize the operation, it was determined upon at once.

The bilateral opening was made into the bladder in about thirty seconds. The stone was seized and an effort made to extract, but without success. Finding the stone a large one, I enlarged the opening with a bistoury, and again attempted to extract. Considerable force was being used when the stone crumbled into fragments. At this I was a little disconcerted, for it was my first operation of the kind. With forceps, fingers and syringe, alternately, for more than two hours, I labored with two of my professional brothers in removing the fragments. At last, to my great gratification and to the infinite joy of my patient, I announced the oporation over.

My patient did well until the 12th—some days after the operation—when he got up from his bed, shaved himself, walked over the room

once or twice, and returned to bed. I called to see him soon after, and found him suffering with pain in the right testicle. It continued painful through the night and next day. By the 14th, it was swollen three times the ordinary size and still painful; patient had considerable fever. Treated him with calomel and opium, and cold local applications. On the 18th the other testicle became involved in the inflammation; fever considerable. The urine, which had begun to pass the natural way, returned through the artificial opening again. Calomel and opium in small doses, with cold to the inflamed organs was continued until the 23d, with no abatement of fever, nor of inflammation—pulse ranging from 95 to 110; tongue coated: great thirst. Having improved but little, if any, by the above treatment, I determined to put him upon the use of veratrum viride. The tincture was used sufficiently often to keep the pulse at about 75 to the minute. It caused vomiting but once or twice. The fever and inflammation gave way under its use, with a Dover's powder at night and cold applications; so that on the 27th, my patient was altogether comfortable, the urine passing the natural way, and the wound healing kindly. I discharged him two days afterwards, the wound having healed up to a scab, and his strength being greatly improved.

For two years after the operation he suffered occasionally from inflamed testicles, induced by wet or cold, but at this time I think he enjoys uninterrupted health.

The fragments of stone, (principally phos. lime,) weighed a fraction over three ounces.

Treatment of Neuralgia, by the Valerianate of Ammonia. By Dr. Declat.—We have prepared an abstract of an interesting translation from the Revue Med. and Etrangue, which may be found in a late number of the Medical Examiner, as it brings to our notice a new remedy, which may be of value in the treatment of a class of diseases increasing in frequency and often times obstinate in their persistency. According to Dr. Declat, such cases will yield to the influence of the valerianate of ammonia; and as proof of his statement, he gives the two following cases:

Case 1.—The marchioness of Fontanelle suffered with facial neuralgia for six years, first appearing as she was cutting a wisdom tooth. Legrand and Jobert (de Lamballe) ordered its extraction, which was done, causing agonizing pain. The neuralgia still continued in spite of every effort of such advisers as Sedillot, Velpeau and Jobert. Quinine, opium, belladonna strychnia, iron, gold and quinquina were employed, and external applications, as blisters, opium plasters, dulcamara, chloroform, collodion, aconite, &c. Every thing failed. Jobert applied the actual cautery along the course of the inferior maxillary nerve, and after trying the waters of Plombiere with partial though temporary relief, the Marchioness applies to Dr. Declat.

The first remedy used was Fowler's solution, which was pushed until it produced constitutional symptoms, without success. The patient had

become almost insane from the agony, when an experiment was made with valerianate of ammonia on the 3d of January. A teaspoonful that night relieved partially, and two teaspoonfuls the next day entirely banished pain. The medicine was discontinued May 6th. Occasionally however, Mad. Ferrand has "slight twinges," but resorts to the specific, and always successfully. This lady seems to have hereditary right to neuralgia, her mother having been a great victim to the disease, whilst her brother, the Earl of Essex, has had tic douloureux from his youth.

Case II—M. Letellier, who had suffered horribly with pain in the head, extending to the neck, and losing itself on the branches of the facial nerve, was at Plombiere's when taken and returned to Paris in great agony. Dr. Louis tried blisters, sage, quinine and morphia, without any effect. He used morphia to such excess as to remain in stupor almost constantly. Dr. Declat administered the valerianate of ammonia in drachm doses twice a day. In five days he was up, and in nine days all pain had passed away. He has since stated that his cure was complete.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

MEDICAL SCHOOLS OF CANADA WEST.

A late number of the "*Hamilton Journal and Express*" has a very well written article, entitled "Our Medical Schools," in which the writer has embodied, in a small compass, much that is interesting, relating to the rise and fall of medical schools in Toronto. He commences by stating that "Toronto, and indeed Upper Canada, may now be said to be without a medical school, *if we except Queen's College, Kingston, which has not yet acquired much distinction.* Within the last few years there have been no less than three medical schools all more or less efficient, in the neighbouring city, where students might qualify for a license to practice medicine, surgery and midwifery in Canada; *now our young aspirants for medical honors must be content with the slender means which Kingston affords,* or wander down to Montreal, or to some city in the neighbouring Republic *where the necessary instructions can be obtained.*" We have italicised portions of the above quotation, as they afford a fair indication of the estimation in which Queen's College is held by the public of Upper Canada, as a school of medicine. It is a distinct endorsement of the opinion already expressed by ourselves, which at the time of its enunciation excited the wrath of the Boarnerges of the Medical Faculty,

and called forth a pamphlet in reply, distinguished, if our memory serves us aright, more for its inflated style and coarse personalities, than for strength of argument or successful defence of the course of instruction followed at Queen's College. With the members of the Medical Faculty of Queen's College we have no dispute. We are acquainted with some of them, and know them only to respect them. But, while we remain in the position we now occupy, as editors of the *Medical Chronicle*, we are determined to lift our voices against everything which has a tendency to lower the standard of medical education, and cheapen University Medical Degrees in the Province of Canada, even at the risk of incurring the displeasure of interested parties. To return, however, to the history of the Western medical schools, as given by the writer in the *Journal and Express*:—

"In the year 1849, the University of Toronto was wrested from the Anglican Church, and placed on a broad Provincial basis, and the medical school in connexion with it soon became prosperous and efficient. In the session of 1851-2, through the influence of Dr. Rolph, and those who thought with him the endowments were swept away, and the medical department of the University of Toronto soon disappeared, leaving no trace behind, except the power of granting Degrees in medicine.

"Upon its ruins, aided by the *eclat* of the then much vaunted self-sustaining system, the Toronto School of Medicine, which had been in existence for some time, with Dr. Rolph for its head, rose to greater public distinction. There being little or no opposition to this school, and, moreover, it being carried on with considerable spirit, its success was marked, although the remuneration to the teachers for the time and trouble bestowed on their lectures was anything but sufficient, still they were determined to establish the self sustaining system, and they manfully struggled against all the difficulties with which they had to contend. About two years ago the Toronto School of Medicine was merged in the medical department of the Victoria College Cobourg, and it thus obtained the power of granting Degrees of medicine.

"A rival medical school was started about the same year, in connection with Trinity College, but from its sectarian exclusiveness, its success was not marked, and owing to the same cause it died a natural death in six months, the teachers having resigned in a body because the Bishop would not forego the test system, and allow Doctors to teach youths to study without an adherence to the thirty-nine articles.

"At the commencement of the present month, there was but one medical school in Toronto, viz: that in connexion with Victoria College. Its advertisement showed a goodly list of Professors and Teachers, from the distinguished "Emeritus," whose name was merely used as a decoy, and who did not work, down to the more humble, but at the same time, more useful "Demonstrator." Now, this beautiful establishment is *non est*."

All the Professors have resigned their chairs with the exception of

Dr. Rolph, who is now the sole teacher of Medical science in the Victoria College. The causes that have led to this disruption may be stated brief as follows:—Dr. Rolph, whose energy and talents are generally known and acknowledged throughout the Province, was appointed, in our opinion justly, Dean of the Medical Faculty of Victoria College, by the Board of Management of that Institution. A more irresponsible Dean, however, never before held place, and in making him *such* a serious evil was committed. The power of managing solely, and without reference to his colleagues, all matters connected with the school, pecuniary or otherwise, was conferred upon him, with the simple proviso that he must submit, whatever he determined on, to the said Board before it could become law. The Medical Faculty "were to do the will of Dr. Rolph, be good boys, in fact, do their work and ask no questions, and at the end of the session they would get what money was coming to them, after the funds had been well drained by expenses of management, by an irresponsible Dean." Truly, here was a "one-man power," established in all its purity, and it would not have required great discriminating powers to have prognosticated that the time must come when this power would become so offensive to high spirited men, that a continuation in office under its *régime* would be impossible. It is so natural to man to lord it over his fellows, that that person must possess inestimable qualities who, when invested with irresponsible power, does not feel inclined to indulge in a little tyranny.

> "Man, proud man, clothed in a little brief authority
> Plays such fantastic tricks before high Heaven
> As make the angels weep."

So said one of the greatest observers of human nature the world ever produced. It need not excite surprise, therefore, that Dr. Rolph should attempt to dictate to the Medical Faculty what the fees of each class were to be, and the hour at which each teacher was to deliver his lectures. Nor can it excite surprise that the attempt was indignantly met by the Faculty, who, like men of spirit, conscious of their own abilities, instantly resigned positions which they could not hold without doing violence to their feelings of manly independence. It is certainly to be regretted that Upper Canada should be deprived of the two excellent schools of medicine that have lately succumbed in Toronto; for, there is no doubt, that better teachers or more effective teaching could not be desired, than were to be found in the Faculties of Medicine of Trinity and Victoria Colleges.

MEETING OF THE BOARD OF GOVERNORS.

Quebec, 14th October, 1856.

The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held this day, when were present:—Drs. Frémont, Morrin, Hall, Fowler, Badeau, Marmette, Marsden, Foster, Jones, Gauvreau, Charest, Tétu, Weilbrenner, Turcotte, Munro, Jackson, Boyer, Bibaud, Von Iffland, Glines, Robitaille, Michaud, Fraser, Peltier, Sewell, Sabourin, Russell, Boudreau and Landry.

Dr. Frémont, the President of the College, in the chair.

The Secretary read the minutes of the last semi-annual meeting held in Montreal in May last; also the minutes of the triennial meeting, held in Three Rivers in July last, for the purpose of electing its Board, giving at the same time extracts of said minutes relative to the election of Governors, and to certain amendments proposed to the bye-laws.

The meeting gave its approval of the above.

The President informed the Board that he had submitted the project of those amendments for the approbation of the Governor in Council, but that as yet he had not received any answer.

Walter Thorp, Esq., received his license on the presentation of his diploma from the College of Physicians and Surgeons of Dublin, and after taking the required oath.

Mr. Stevens, a pupil of McGill College, requested the privilege of his license without examination, on the plea that, being ill at the time when it was required to pass his examination and take his diploma at McGill College, and having since, on the 8th inst., passed a satisfactory examination, and obtained, as a proof, a certificate from Dr. Holmes, the President of the Medical Faculty, giving him the right to the diploma at its next convocation. His demand was rejected.

Mr. J. S. Crookshank, having a diploma of the College of Physicians of Glasgow, was allowed to pass an examination solely on the branches which were not on the face of his diploma.

Dr. Peltier, one of the Secretaries, begged to be heard, and spoke at length on the advantages which the medical profession would derive if the Board of Governors, the foremost sentry of the profession, would cease to be but a jury of examiners; if, understanding better its rights and its mission, it were to act energetically, in proposing measures affecting the general interest of the profession, and take, with Government and society, the position which the talent and the respectability of its members entitle them to have.

Dr. Von Iffland spoke also in approval of the above, and proposed the election of a committee whose work would be to attain this end.

Drs. Morrin and Russel followed, and made a few remarks in conformity with Dr. Peltier's observations.

Dr. Marsden proposed, seconded by Dr. Marmette, and it was unanimously resolved—"That two members of this Board be associated with the Vice-Presidents in Quebec and Montreal respectively, to meet and report at the next meeting of the Board, a project by which the College of Physicians and Surgeons may be extended in usefulness and importance to the profession and public health in general, with power to add to their number."

Drs. Morrin, Von Iffland, Peltier, Bibaud, Marsden, and Hall, were, by virtue of this resolution, named to compose the said Committee.

The Board then proceeded to the examination of Candidates.

The following gentlemen, after satisfactory evidence of their abilities, received their License :—

Messrs. Alex. D. Stevens,	Messrs. U. Tétu,
" Napoléon Lavoie,	" Moses Mayball,
" Samuel Rinfret,	" A. Marien,
" Isaie Demers,	" Luc Quintal.
" L. Forest,	

The following gentlemen, after a satisfactory examination, were admitted to the study of medicine :—

Messrs. Ernest Roy,	Messrs. L. Desrosiers,
" Ed. Painchaud,	" L. Turgeon,
" Emile Dumais,	" Ad. Mignault,
" Charles Ouellet,	" N. Duchesnois,
" Frs. Langlois,	" Moise Geoffroy,
" J. Nestor Chopin,	" Jean Boudreau.

Dr Jones acquainted the meeting of old standing accounts against the College, previous to his entering on his trust as Treasurer, and for the liquidation thereof he obtained a unanimous assent.

J. E. J. LANDRY, M.D.,
Sec. C. P. and S. for the District of Quebec.

UNIVERSITY MEDICAL STUDENTS' ASSOCIATION.

This association has been re-organized for the present session, 1856-57, and we are happy to know is in a flourishing condition. Its bye-laws have been carefully revised, and at a recent meeting of the members, were directed, upon general approval, to be published. Last year, as each week of the winter months rolled by, the association redeemed

the time by giving efficiency to the general plan upon which the organization was modelled; and the recorded proceedings display the accomplishment of much intellectual work, by the officers and members individually, of a character well calculated to be instrumental in securing professional knowledge. From our acquaintance with the diligence and attainments of those who have joined the association this session, we feel that at its end a similar tale of mutual improvement and general usefulness will be repeated as was told during the past season. The names of the office-bearers, are—

Patron—Wm. Wright, M.D., Professor of Materia Medica.
President—Mr. Andrew A. Boylan.
Vice-President—Mr. Thomas D. Robertson.
Secretary—Mr. F. W. Campbell.
Assistant Secretary—Mr. Robert T. Howden.
Treasurer—Mr. William Wilson.
Scrutineers—Messrs. James Duncan and Edward Smith.

Appointments in McGill College.—By the changes which recently occurred in the Medical Faculty of McGill College, the Demonstratorship of Anatomy, and the Curatorship of the Museum became vacant. To the former the Faculty have appointed R. Craik, Esq., M.D., a gentleman whose thorough knowledge of Anatomy, joined to the possession of the happy faculty of readily imparting instruction to others; whose powers of persevering application and whose great affability will not only enable him to sustain with distinguished credit the reputation McGill College has already obtained as a school of Anatomy, but will also assuredly and deservedly make him an immense favorite with the students. The latter is now filled by Alex. Long, Esq., M.D., a gentleman whose name will be familiar to, and kindly remembered by, most of our readers. All who have had the pleasure of seeing his inimitable dissections will at once admit that, as Curator to the Museum, "the right man is in the right place." We certainly owe an apology to our friends for being so tardy in noticing their appointments; the oversight, however, was purely accidental.

Honors to Dr. Von Iffland.—It affords us much pleasure to announce to our readers the election of Dr. Von Iffland of Quebec to the distinguished position of a Corresponding Member of the Epidemiological Society of London. The report was mooted last month in the letter of our London Correspondent, and we now are enabled to substantiate it by a more personal confirmation. We are also informed that Dr. Von Iffland

is about being created a Fellow of the Royal College of Surgeons, of which corporation he has been for very many years a member. The latter appointment is pre-eminently *distingué*, and places our talented collaborateur and esteemed friend upon an eminence of celebrity, enjoyed, we believe, by only one other gentleman in the Province. We are sure these just honors will be as gratifying to the numerous friends of the worthy Doctor upon whom they have been "so thickly showered," as to ourselves.

The late case of poisoning by Croton Oil.—Gallagher, the soldier of the 39th Regiment, who was condemned to death for "administering Croton Oil with intent to murder," and in whose defence we wrote an editorial in our last number, which was approved of and commented on by our *confrères* of the daily Press, has since had his sentence commuted to five years in the Provincial Penitentiary.

TO OUR SUBSCRIBERS.

We would respectfully direct the attention of those of our Subscribers, who have not yet paid for the current year of the *Chronicle*, to the fact that bills were issued under the cover of the October number. Our expenses are considerable, and if each Subscriber were to pay his 10s. promptly, it would save us from some inconvenience. There are some, we are sorry to say, from whom we expected better, who have not paid us either for *the last* or the current year. As we have the vanity to suppose that we give full value for *ten shillings*, we are determined not to send the Journal except to those who pay us regularly.

BOOKS RECEIVED FOR REVIEW.

Meig's Treatise on the Science and the Art of Obstetrics; third edition, revised; 1856. Allen's Practical Anatomist: or Student's Guide in the Dissecting Room; 1856. From Messrs. Blanchard & Lea, Philadelphia.

Gregory's Organic Chemistry; 1856. Fourth American, from the fourth London edition. From Messrs. A. S. Barnes & Co., New York.

CORRESPONDENCE.

LONDON CORRESPONDENCE—No. 8.

London, 31st October, 1856.

The number of new faces at the different hospitals who have come to attend the Winter Session is really most astonishing, and I have learnt that the entries even exceed those of the most prosperous years. This year I heard the Introductories at Guys at 2, and at St. Thomas' at 8, both were good, and different from the ordinary run of this class of Lecture. At Guy's Mr. Thomas Bell opened the Session, he is President of the Linnean Society, Secretary of the Royal Society, and a man highly distinguished for his scientific attainments. Mr. LeGros Clarke had the agreeable task of officiating at St. Thomas'. The very decided advantage of an opening Lecture in the evening is that it is always followed by a conversazione and refreshments of a character to produce a comfortable feel about the inner man.

It would seem as if the pent up vigour of most of the London Surgeons is reserved for the first week of the Session, as at this time operations begin to be plentiful. Now I cannot do better than to give just *one week's* operations, beginning on Monday the 6th October, and during this eventful week, the number of poor fellows who tumble down in a syncopal state from witnessing their first operation, is really not a small one, reminding me of the time when I saw blood first spilt in the General Hospital at Montreal, on the occasion of two legs being amputated, without chloroform in those days, when my old and highly intelligent friend Sc——dt tumbled down with others.

Monday.—At the Royal Free, Mr. Thomas Wakley polished off a new nose for a woman, at which kind of operation he is quite expert and has had much experience of. The patient had a new nose made for her by him 2 or 3 years ago, but in the process of healing, as the end of the original nose had been left intact, a contraction ensued about ¾ of an inch above the tip, which presented an appearance as if a string had been tied around it. The old cicatrix was dissected up and the nose pared to the tip, the flap was then pulled downwards and fastened by means of sutures, and the result was really a most capital nose, and by no means a bad looking—a regular smeller. This was followed by the removal of a tumour from the parotidean region of a man by Mr. Grant, and a fatty tumour from the arm of a female by Mr. Weedon Cooke. This day, although not the special field day at Bartholomew's, Mr. McWhinnie performed lithotomy on a young man, who, four years before, let slip into his bladder a pencil of red sealing wax, which be-

came bent and formed the nucleus of a stone. He had been a sufferer from gravel, and to relieve the irritation he passed this wax up and down the urethra till it suddenly disappeared.

Tuesday.—Mr. Cock—the veteran Cock as he is called by the students—at Guy's, took off a leg above the knee of a woman, for total disorganization. This is one of the best operations for a student to see the first time, the spilling of the blood produces a very sickening feel on the untutored ones, and there were several faints and turn outs. Mr. Hilton removed a carcinomatous breast, in a terrible state of ulceration, but solely to oblige the poor woman, who was determined to have something done, to afford even a very temporary relief. Mr. Cock then excised another, but in a more suitable case, the breast being in an indurated and painful state, without much external manifestation. This was concluded by what I heard a fellow say next to me, making a poor fellow half a eunuch, which was accomplished by Mr Cooper Foster, a very rising young man, who was only the other day elected assistant Surgeon. I believe there were one or two others but did not remain to see them.

Wednesday.—Excision of the knee was done by Mr. Henry Thompson, the newly elected Assistant Surgeon, at University College, on a young man, for old dislocation and utter uselessness of the limb. This operation has lately been creating a stir in the minds of Surgeons, from the series of resections which have appeared in the Mirror of the *Lancet*. It is well worthy the consideration of the profession in the Canadas. The operation itself is really one of the most simple in surgery; it has been my good fortune to have seen it done now, about 15 times, and it is much less difficult than an amputation. Mr. Erichsen ligatured the internal saphena vein in six different places; 3 above and 3 below the knee, passing a long pin through the skin, under the vein, and then applying the twisted suture over a piece of bougie. In the course of a short time, the vein becomes obliterated, and is divided between the pin by subcutaneous section—4 divisions for the 6 pins. He then removed a small tumour from near the orbit; another in the submaxillary space of a girl the size of a peach, it proved to be glandular. He operated on 2 cases of perineal fistula, one complete in a female with an ischio-rectal abscess. He removed an exfoliation from the skull of an old man. Phymosis in a little boy was then remedied. At St. Mary's, Mr. Baker Brown did his now well-known operation for ruptured perineum. Scrofulous tumours were removed respectively from the neck of a child and an adult by Mr. Ure. For the first time in England,

Mr. Baker Brown operated on a case of vesico-vaginal fistula by means of the plans of Dr. Bozman of Montgomery, Alabama, which very possibly is familiar to your readers, although 'tis quite new in this country. Of all the methods which have ever been seen or tried by Mr. Brown or myself, it promises to be the most successful. Mr. Coulson then performed perineal section in a case of multitudinous fistulæ in perineo from extensive stricture of the urethra, and this was followed by a case of retention of urine, depending upon a tight stricture, which he had not succeeded in relieving by a catheter as he could not get one in. On the operating table, however, under chloroform, he got in Symes director, and performed perineal section, passed a large catheter with ease into the bladder and drew off a very large quantity of urine, something like 2 quarts and a half. These operations were very appropriately concluded by cutting out a testicle of a sweep affected with chimney sweeper's cancer, by Mr. Walton, the same patient having warty excrescences on the eyelids, probably of the same nature, and very rare to find thus co-existant.

Thursday.—Mr. Curling at the London Hospital, performed lithotomy on an elderly man, and removed a flat oval calculus. He next amputatated the leg of a little girl with enchondroma of the calf, which extended to the deep structures. He commenced the operation with the intention of simply removing the growth, which had been done some years before, in this girl, but the deeper structures were so much involved, that amputation seemed the only course. Phymosis in a very young boy depending on gonorrhœa, was then remedied by a modification of Ricord's recent operation. At St. George's a leg was amputated by Mr. Cæsar Hawkins, an arm by Mr. Cutler, and lithotomy performed on a child by Mr. Tatum. Mr. Pollock operated upon a child with cleft palate successfully, completely closing the fissure. To-day also (altho' Wednesday is the regular operating day) Mr. Quain at University College, performed excision of the knee joint, (now about to become an extremely fashionable operation), on a young man, a sufferer for 3 years, without much apparent disease externally. He then removed a piece of necrosed bone from the head of the tibia in one patient, and a painful cutaneous tumour from the leg of another. And lastly amputated the hand above the wrist for extensive scrofulous disorganization of the carpal and metacarpal bones. At the Middlesex, there were several operations, but I have not learnt what they were.

Friday.—Is not now an operation day, unless at one of the eye hospitals, of which I do not intend here to speak.

Saturday.—Always a regular field day. At King's, Mr. Fergusson performed excision of the elbow upon a girl, making but a single line, instead of the H incision and done in his usual, clean nice manner. He then tied a nævus on a child's forehead, operated upon the hare lip of a child; removed by dissecting it completely out, an enlarged bursa the size of an orange from a woman's patella, excised an epulis from the inner side of the left alveolar ridge of a woman's upper jaw, going through the steps, somewhat as for excising the jaw, namely, slitting up the lip at the mesial line, then turning it into the left nostril, and reflecting up the flap to give plenty of room. The epulis was then removed with a pair of bone forceps. Mr. Bowman extirpated the eye of a child for a malignant disease, which protruded about 2 inches, and assumed a grey color not unlike a horn from the drying of the secretion.

The Saturday following Mr. Fergusson tied the external iliac artery in the presence of 300 persons, and excised the knee-joint in another case.

At Barthomew's a fatty tumour was removed from the iliac region of a man by Mr. Stanley, who likewise operated upon 2 cases of strangulated hernia, which happened to come in, one of them strangulated only 5 hours, the other 14 days as it was said. It is becoming a rule in London to operate a very few hours after strangulation has commenced, by which means you will reduce the hernia without opening the sac, that was the result in the 5 hours case. And I saw a similar procedure adopted by Mr. DeMeric at the Royal Free Hospital, where strangulation had existed but 6 hours, the wound being returned without opening the sac. Mr. Lawrence then amputated the thigh of a little boy for disease of the knee-joint; and in the wards Mr. Stanley performed perineal section on a man whose scrotum and abdomen were infiltrated with urine from a rupture of a strictured urethra.

St. Thomas' was inaugurated by lithotomy on a young man by Mr. Simon, and a second case was about to be operated upon by Mr. South, but on careful examination by several of the Surgeons, it was discovered the stone must have vanished of its own account and nothing was done, fortunately for the patient. Mr. Solly treated a case of varicocele by tying the spermatic veins, and straightened a bent and partially ankylosed knee under chloroform. Lastly, Amussat's operation of making an artificial anus in the loins was done by Mr. Solly, upon a man who had obstruction of the lower bowel from cancerous disease; this was the second of the kind done by that Surgeon in 9 months.

At the Westminster I was unable to glean what was done, although I know there were several operations by Mr. Holt, Mr. Holthouse, and

others; one was the removal of almost the entire tibia from a boy, for necrosis; and another, a case of stone in a little girl aged 5 years, which was removed by Mr. Hillman with the aid of a Weiss' dilater and forceps.

At Charing Cross Hospital, Mr. Hancock was commencing amputation of the thigh for most extensive disease of the femur, but he found it extended up to the joint itself, the bone being riddled and soaking in pus almost its entire length, as well as the soft structures in a fearful condition. He therefore had immediate recourse to amputation at the hip-joint, which was speedily and beautifully performed. The man was going on well after it, but the result is doubtful. This is the second case we have seen during the year 1856, the first by Mr. Curling at the London Hospital, in the early part of the year. There were several other unimportant operations here.

Enough is now mentioned to afford your readers an idea of what a man can see here who desires to become a great practical Surgeon, even in the short space of a single week. It has been my peculiar fortune to have witnessed operations that are seen but once in a life-time, which drop in like falling meteors, and leave a lasting impression never to be forgotten. I will instance the tying of the abdominal aorta, just above the bifurcation of the iliacs, a few months back, by Mr. South. The external iliac I have seen tied 6 or 7 times, three times within, I may say, as many months, two out of the three with success. I must bring this long letter to a close and will merely say that, if the recounting of a week's operations has extended to such a length, it will be an impossibility to give you more at any time, than the cream upon the surface, of what is seen by so many in this wonderful metropolis.

I may add that a large hospital called "the Great Northern" has very recently been established close to the Great Northern Railway Terminus, King's Cross. It is intended to accommodate 300 in-patients and will have a regular staff of Medical Officers.

G.

HOSPITAL REPORT.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING 30th October, 1856.

Patients remaining from last Quarter.....	64	Died during Quarter.....	11
Admitted present Quarter.....	198	Now in Hospital.....	55
		Discharged.....	196
	262		262

In-door Patients.		*Out-Door Patients.*	
Males.....	124	Males.....	366
Females.....	74	Females.....	416
	198		782

Diseases and Accidents.

Diseases.	Died.	Admitted.	Diseases.	Died.	Admitted.	Diseases.	Died.	Admitted.
Abscessus		8	Empyema	1	1	Morbus Cordis	1	1
Ambustio		2	Eneuresis		1	" Coxæ		1
Amenorrhœa		3	Epilepsia		1	Nephritis		1
Amputatio		1	Erysipelas		2	Orchitis		1
Anæmia		1	Favus Confertus		1	Paraplegia		1
Anasarca	1	2	Febris Com. Cont.		10	Parotitis		1
Aneurismus Aortæ		1	" Intermit.		1	Pemphigus		1
Anthrax		1	" Remit		1	Periostitis		2
Ascites		1	" Typhoid		1	Phagadena		1
Balanitis		1	Fractura	1	3	Phthisis		4
Bronchitis	1	7	Gastritis		1	Pityriasis		2
Bubo		1	Gastrodynia		1	Pleurodynia		1
Caries		3	Gastroenteritis		1	Pneumonia		1
Catarrh		1	Gonorrhœa		5	Prurigo		2
Compressio Cerebri	2	1	Hæmoptisis		1	Ptyalism		1
Conjunctivitis		1	Hepatitis		1	Rheumatismus		11
Contusio		8	Hernia		1	Scarlatina		1
Debilitas		1	Hydrocele		1	Sciatica		1
Delirium Tremens	2	11	Hysteria		1	Selerotitis		4
Diabetes Mellitus		2	Icterus		1	Strictura	1	1
Diarrhœa		7	Impetigo		2	Syphilis		11
Dysenteria	1	7	Lumbago		5	Talipes Equinus		1
Dyspepsia		6	Luxatio		1	Ulcus		11
Eczema		2	Lipoma		1	Verminatio		1
Emesis		2	Mania		3	Vulnus		7

OPERATIONS, &C., DURING THE QUARTER.

Major.—Amputation of leg; excision of testicle; amputation of great toe; circumcision; tumour removed; paracentesis thoracis; hydrocele tapped, 2; division of tendo achillis.

Fractures treated.—Indoor, 3; out-door, 4; total, 7.

Dislocations reduced, 2.

Minor.—Venesections, 10; cupping, 38; teeth extracted, 123; abscesses opened and other incisions, 98. Total, 269.

DRS. WRIGHT and MACCALLUM,
Physicians in attendance.

BOBERT CRAIK, M.D.,
House Physician and Surgeon.

THE

MEDICAL CHRONICLE.

VOL. IV.] JANUARY, 1857. [No. 7.

ORIGINAL COMMUNICATIONS.

ART. XXV.—*Therapeutical Contributions.* By Wm. Wright, M.D., L.R.C.S.E., Professor of Materia Medica, McGill College. Physician to the Montreal General Hospital, &c.

The Therapeutical classes of medicines receive little or no attention from the compilers of systematic works on Materia Medica, being displaced by a fuller consideration of the Physiological classes; and hence, while the latter are found treated of at large, instances of the former, such as the following, are either passed over in silence or discussed with an unsatisfactory brevity.

ANTI-SYPHILITICS.

The very existence of anti-syphilitics has been denied. For such a conclusion attaches itself to the belief of those who, guided by their own abstractions, rather than by daily observations, have contended there is no specific disease arising from impure intercourse. This opinion is, however, incorrect, and it is to be feared that its promulgators have been guided by no better spirit, than the "ambition to put others in the wrong that they may be considered supereminently right." That there has been, and is such a disease, as syphilis, is proved by abundant testimony,—by the published records of every age. It is proved in ancient times, by the admonitions of Moses, 2400 A. M., and of Wisdom, 2950 A.M.: in modern ages by special treatises as "De Apostemate in Inguinibus," 1270 A. D., and so many others that 100 were said to be printed in a lifetime; and by works on general Surgery from that of Theodosius in 1290, A.D., to the most modern of our own day. The same cloud of witnesses also show that syphilis is unlike every other disease, is special in its characters, individual in its results, and cureable under certain prescribed agents. To the latter the appellation of anti-syphilitic is given. Anti-syphilitics, then, are not imaginary creations; but medicines which are opposed to the operation of the syphilitic virus, prevent-

ing its full developement, removing its effects, and interrupting its tendencies.

Anti-syphilitics are circumscribed to a comparatively narrow sphere of action. They are not synonymous with anti-venereal; the latter term implies the antagonist of every accident or evil, indiscriminately, that succeeds sexual intercourse, but the former only recognizes one especial form of disease which is due to a particular poison and is usually communicated in the same manner as the preceeding, though not always, for it may be propagated by inoculation and otherwise, whereas venereal can only be transmitted in the one way. Again, anti-venereals comprise a category of very numerous and varying means, while anti-syphilitics are few and constant. From not recognising this difference, serious misapprehensions have occurred and false theories been founded. In order to prevent similar accidents from recurring, the distinctions may be made still more apparent.

Anti-syphilitics are not indicated in gonorrhœa or blenorrhagia. This state was formerly believed to be a variety of syphilis. More recently Mr. Wallace described it as catarrhal primary syphilis, and still more lately Vidal (de Cassis) inclines to a like opinion. In 1782 Benjamin Bell first distinguished between syphilis and gonorrhœa, and demonstrated their dissimilarities by experiments as well as arguments. These have subsequently been extended by his followers. But aside from them; therapeutical reasons exist for the separation of the two diseases, and to us this affords a stronger ground for our position than the other, for it seems less impregnable to objections. Blennorrhagia is cureable by particular remedies as balsam copaib and cubebs, when properly managed; but these are utterly useless in syphilis. Syphilis in like manner is amenable to anti-syphilitics, and these again are of no service in blenorrhagia. Now as difference of texture or of position does not effect such marked deviations in the utility of medicines as is here exhibited, we cannot explain the utility and the uselessness of bals copaib, because, in one case, the mucous lining of the urethra is diseased, while in the other, the portion reflected over the glans is the part affected. We must conclude that this therapeutical argument is a decisive one; but it may be put forth yet more strongly, for occasionally the very same tissue or part is the seat of the two diseases,—the urethra may be attacked by gonorrhœa and by syphilis or chancre. And then the individuality and the partiality of the medicines is still more manifest Each will only successfully combat its own counter-lesion, shewing that neither is indicated in the state of the other.

Anti-syphilitics are not indispensable medicines, for syphilis may ge

well without their employment. Occasionally even regular syphilis has got well under the simplest treatment, as has been shewn by the extensive experiments of Surgeons in the British Army and by Hospital Attendants in Sweden, Hamburgh, and France. Although in these the results are to be considered as referring to *venereal* generally, and not to regular syphilis specially, still they prove that regular syphilis may decline and disappear without the use of anti-syphilitics. Exactly in the same ways as intermittent fever may be recovered from without an anti-periodic. But, as because, from this rare event, we do not deny the existence of the remedy in the one case, so we hold to it in the other. And even as the rule with one, still is that the disease requires its own proper management, so it equally applies to the other. Just then as intermittent fever gets well without quinine, and sometimes without any medicine whatever; so, also does syphilis disappear without mercury and without medicine of any kind. These facts are to be remembered in judging of the value of anti-syphilitics. Spontaneous recovery is a natural occurrence which takes place in obedience to a peculiar law of constitutional syphilis. It is called by Gamberini, (Ranking's abstract, vol. 19,) *a truce*, because the visible phenomena of the malady pass away. The cessation is but temporary, and hostilities are re-entered upon before very long again, although not usually with the same vigor. By a repiettion of attacks and truces, in process of time the person may be emancipated from syphilitic bondage. The length of time thus required is very various in individual cases; it is probably indefinite, Cazenave has known persons to have been held in the grasp of syphilis for 30 and 40 years; this interval having transpired between the primary and secondary attacks, and being the time when the poison was dormant. Cases of this kind have led some as Mr. E. Wilson to believe that the virus is perennial, that a party *semel infectus* is *semper infectus*. But this has been disproved by undoubted instances which shew that syphilis does wear out under the use of anti-syphilitics. Whatever doubt there may be as to the extinction of syphilis when left alone or temporized with, there can be none when anti-syphilitics have been judiciously exhibited. And hence the reasons of their administration are: 1st. To hasten the healing of the primary sore. 2nd. To prevent the occurrence of constitutional symptoms. 3rd. To remove them when formed. 4th. To prevent their recurrence. And by fulfilling these indications they demonstrate their antagonism to the virus.

Anti-syphilitics are not designed for syphilis indiscriminately. Syphilis is admitted to present itself under at least four well marked phases. But for only one of these are anti-syphilitics suitable. Although in the

others they become proper when these have been reduced to the condition of the first. To signify the distinction better, syphilis may be spoken of as regular and irregular; the former being the standard from which, I believe, the latter is a deviation, and to which, by a process of simplification, it may be restored. It is then, essentially, in regular syphilis, that anti-syphilitics are to be used. This belief accords with the opinion that there is but one syphilitic poison, and that under ordinary circumstances it produces a constant series of phenomena; but when these circumstances become disturbed, perversions of the normal phenomena ensue. Engendering itself, then, in the system of a healthy individual, whose habits are temperate, who is not the subject of any morbid diathesis, and is placed under favorable conditions for cure, syphilis will be regular; but if co-operating with the power of its own virus, there be also depressing causes, such as systemic vice, intemperance, foreign intercourse, national peculiarities, bad treatment, &c., syphilis may manifest itself irregularly and become complicated with inflammation, scrofula, phagadena, gangrene, &c., causing gangrenous syphilis, phagadenic syphilis, &c. This is the view that anti-syphilitics countenance, and it has many other arguments in its behalf. For instance, one sore in a female has produced all the varieties of syphilis in different men who have been infected by her. Illustrations of this fact are given by Acton, Fergusson, Porter, Skey, &c. The diversity of results is not due to the female sore, for that being single cannot secrete a multiplicity of poisons, but depends upon the diseased propensities of the system of the male. Again, the varieties of chancre are producible, at will, by superadding to the regular sore, the usual actions of inflammation, phagadena, gangrene, scrofula, &c. It is therefore obvious that it is the causes of these morbid states coupled with the virus which induce irregular syphilis, acting there in the same manner, as they would, if attacking the most common wound or disease. And lastly, these irregularities yield to ordinary remedies as those for imflammation, phagadena, &c., respectively, and disappearing leave the case one of regular syphilis. In some instances a sore heals completely without "specific" remedies but such, instead of being syphilitic in its origin, has been of the imitative class about to be referred to. Anti-syphilitics are not to be resorted in syphilis as long as its phase is irregular, but when this is regular either from the first or after having been rendered so, then these remedies are the proper specifics or counteragents. They are consequently medicines which counteract the operation of a distinct virus, that is singular in its constitution, invariable in its direction, and regular in its consequences, unless when impeded by extraneous accidents.

Anti-syphilitics are not local remedies, and are incapable of acting by any topical destruction or alteration of the diseased part to which they are applied. This proposition excludes escharotics from classification with anti-syphilitics; and being rather novel demands substantiation. It is commonly fancied that a period of immunity succeeds the application of the syphilitic virus, within which, if the pustule or other local occurrence be destroyed by cauterization, the specific effects will be controlled, a healthy sore formed and the person escape all further danger. And in this way escharotics become anti-syphilitics. But there are good reasons for rejecting this idea. *Firstly*,—The chief evidence for the affirmative is derived from the constancy with which caustics are applied to pustules, sores, &c., and the rarity of subsequent results. Unfortunately, however, this testimony is fallacious. A large number of the cases so treated are herpetic, eczematous, &c., and are incapable of originating ulterior consequences. While exclusively of these, numerous others are sores, more strictly venereal, but which are not syphilitic and do not cause constitutional symptoms; the reports of Army Surgeons show that the proportion of ulcers resulting from impure connexion, which do, to those which do not lead to consecutive results,are as 9102 to 6781; and this conclusion is also corroborated by civilian experience. *Secondly*,—The duration of the period of immunity has not been substantiated. Various observers have fixed upon different limits, and there is no accordance between their statements. Hunter assigns a month, Ricord 5 days, Acton 3 days, and so on. *Thirdly*,—If this period do exist, its time must be very short, too brief to be available, and hence practically it may be said to have no existence. Mr. Colles quotes cases where the secondary affection occurred, although the chancres were excised on the 1st and 2nd day. Mr. Reynand (quoted by Vidal) reports an instance where two suspicious pustules on the penis were immediately cauterized, yet secondary accidents were not prevented, although the patient abstained from sexual intercourse. Patients also, occasionally, are observed who "burn themselves" the moment they see even a pimple, yet constitutional contamination follows. Similarly rapid rates of infection are also observed in other morbid poisons, equally with the syphilitic. Renault inoculated horses with the poison of acute glanders (farcinoma), he incised and cauterized the parts one hour afterwards, yet absorption ensued and the disease ran its usual course. Like experiments made with the poison of sheep pox proved, that, in less than five minutes, absorption occurred, when the poison had been applied to any fit surface. Bosquet asserts, that when once vaccine virus is inserted, the most active ectrotic means, cupping, excision, &c., though performed immediately afterwards

fail to stop its progress. But to return to the subject, some Surgeons, as Vidal, believe there is no period of immunity. In consideration of the preceding premises, the original proposition remains, and caustics cannot be esteemed safeguards; in short they are not anti-syphilities. But some authorities would even go further, believing not merely this, but also that these agents favor the developement of constitutional symptoms and increase both their frequency and severity. This opinion was entertained by Dupuytren, Biett and Cazenave, who were men of enormous experience in syphilis. Topical agents are consequently not anti-syphilitics. And the only medicines, that can be regarded of this class are those that are constitutional in their action, or exercise a general operation upon the system, pervading its uttermost recesses and rendering each cell subservient to their controlling influence.

Anti-syphilitics operate, 1. By destroying the vitality of the syphilitic virus. 2. By causing its elimination. 3. By normalizing the blood. 4. By restoring healthy nutrition.

1. In destroying the vitality or potency of the virus, anti-syphilitics manifest a double action, a primary and a consecutive. Primarily, they prevent the poison from propagating itself in the part, to which it has been applied, and remove the local manifestations it may have caused, such as chancre or bubo. Consecutively, they retard the absorption of the virus into the system and render such portions as are in the blood unable to maintain or multiply themselves, thus preserving that fluid from deterioration and remedying various remote symptoms as skin diseases, sore throat, affections of the bones, and other marks of constitutional syphilis. The primary action is displayed upon surfaces or in glandular organs, and consists in checking the purulent secretion from the free side and the fibrinous exudation which is more sparingly poured from the attached side into the interstices of surrounding textures. Both these products, the pus and lymph, are poisoned, for the pus is inoculable into parts of other persons, while the lymph by absorption infects the blood of the patient himself. Anti-syphilitics deprive both of their virus, and after the administration of the former, this action is well seen in the pus ceasing to reproduce its original source, and the lymph, upon absorption, failing to contaminate the system. These two topical results are easy of demonstration, either in chancre or bubo. The secondary action on the contrary is manifested by an immediate change in the blood. And is shown in the disease being no longer transmissible through the secretions, in its not being communicable to the wife by her husband, in not descending, hereditarily, to the child from its mother, &c. In consequence of the blood change, distant parts—the solids and

fluids—are influenced and made to participate in a general restoration, so that the visible effects of consecutive syphilis cease to be discernible. The nature of the poison destroyed by anti-syphilitics is unknown, and is probably indeterminable. During its primary existence, it appears to be material, for, its communicability resides in a peculiar fluid which, though resembling ordinary pus, is distinguished by containing a sort of fly or insect, called by Muller the vibrio lineola, but beyond this speciality, it has no pathognomonic character. During the secondary existence of the virus, however, the communicability is not embodied in a fluid, or any other substantial thing, but in an impression; hence it is now not only contagious or transmissible by direct contact as the former, but it is, in addition, infectious, and may be transferred from the spermatozoon to the ovum in conception, when, as is believed, the spermatozoa are not received or appropriated, bodily, by the female, but merely implant the formative power with the individual impressions of the father. This view is also shewn by the fact that the virus may be latent in the system of the male at the time he fertilizes the mother. A father, in this manner, may beget offspring affected with syphilis, although he himself has no signs of the disorder. Cases of this kind are given by Foote and others. And as if to prove that the poison was derived from the father he has subsequently to the birth of his child become diseased; while the mother may never have had any infection at all. The act of multiplication of the syphilic virus has been likened to that of fermentation. By stopping this anti-syphilitics become anti-zymotics; while to the poison they are direct antidotes.

2. After having destroyed the poison, anti-syphilitics cause its removal from the system. They stimulate the emunctories and usually one in particular. In this way, fluid matters are removed from the blood and excreted from the body. An outlet is thereby afforded the poison already neutralized and its ejection favored. This, I believe, is an important part in the modus operandi of anti-syphilitics and one which may be turned to much practical account. It would, if recognized, have prevented those sakeless exhibitions of mercury that have been an opprobrium medicorum. And it would also do away with the very protracted exhibitions of anti-syphilitics that are even recommended in our own day; Ricord, for instance, considers in some cases, it is necessary to go on using mercury for *six months*, after the healing of the sore, to ensure immunity against prospective danger from the original infection. But medical crusades, such as these, are dangerous for they might induct into activity greater evils than those that were removed. The anti-syphilitic action, however, now insisted on, renders them wholly uncalled

for. Since after a certain point is reached, anti-syphilitics are principally, or solely, useful as eliminatives or blood depurants,and other agents of this class, may be substituted for them, whieh are devoid of their danger. We may thus obtain the same object, and in the same manner, without apprehending any risk,from purgatives, diuretics, &c., any of which are capable of taking the place of anti-syphilitics as simple evacuants. One emunctory, as far as mere depuration is concerned, does not usually possess any superiority over another. The question now is: how can we tell when the important point, referred to, is reached? It appears to me to be accomplished when the system has become so saturated with the medicine, that the characteristic effects of the latter are developed. Every anti-syphilitic produces an influence on the body which is marked by derangement of some particular part or parts, as mercury, which affects the salivary glands; and this event proves that the body is, so to speak, surcharged with the anti-syphilitic. And, as it cannot be believed, after this occurrence fully takes place, the virus can yet longer preserve its original force; I would suggest, in practice, the gradual diminution of the anti-syphilitic, after the development of its specific effects, till the removal of the symptoms caused by the disease; and after this assurance, the total discontinuance of the remedy, and its replacement by simpler eliminatives. For it is to be confidently expected that we will thus as surely obtain the ejection of the inert poison, as if anti-syphilities had been continued, and while the patient will totally escape the risk entailed by their undue exhibition, he will be protected from future recurrences of his disorder.

3. From what has been already said of their proximate operation, it is evident that anti-syphilitics are blood-medicines. Proof has also been adduced to show that the syphilitic virus vitiates the blood. The various phenomena of the disease are not intelligible under any other assumption. It is only through this interpretation, we can understand how the pregnant female infects her offspring,—as in Bertin's case, where a woman, who had secondary syphilis died while *enciente*, and whose uterus contained a fœtus diseased wiih syphilitic exostosis;—how a diseased father may infect his child in utero, while the mother escapes uncontaminated in the manner before stated;—how the fœtus, so diseased, may extend the poison to its mother; how the milk of a syphilitic nurse may inoculate the baby she suckles;—how the sucking infant, on the contrary, may poison its nurse, and so on. But superadded to all this, is the positive proof furnished by anti-syphilitics, in the effects they produce upon the blood; they attack this fluid in a diseased state, and leave it normalized. It is probable that on this subject our information is only

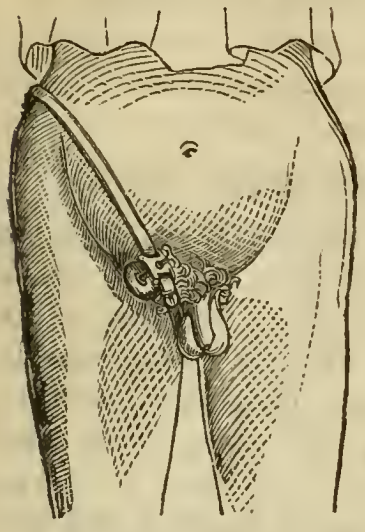
fragmentary, for the restorations induced by anti-syphilitics must be very various, differing, considerably, according to the stage—secondary or tertiary—the disease has reached, the duration, the nature of the manifestations, treatment undergone, and similar modifying circumstances, and of the effect of these analysis has not yet given us any information. From what is known, it may be concluded that anti-syphilitics exercise a decided action upon the hœmatosine. This substance possesses, in syphilis, a color resembling the eruption of the skin, commonly called "coppery," and compared to the flesh of cured ham. Suggesting that it is the cause of the cutaneous dye. Anti-syphilitics remove this distinctive tint, and its disappearance may be foretold by the external skin; when the eruption gets well, we may assume that the hæmatosine has recovered its natural hue. This restoration is well seen in venous blood. Prior to the use of anti-syphilitics it has a "dull and most decidedly dark red tint," but after their employment it acquires its own rich claret color. Anti-syphilitics are also fibrin agents; they diminish its proportion and augment the fibrinization of the remainder. Mr. Whitehead (Hereditary transmissions) found the proportion of fibrine to be 3.04 in 1000 of syphilitic blood, and that its contractility was impaired, as shewn by the clot, which consisted of 2 parts—the upper contracted with moderate firmness, cupped and covered with a clear transparent buff—the lower only about 1-16th or 1-20th the bulk of the former, and "perfectly fluid and apparently gritty and disintegrated." These peculiarities of the fibrin depend on some obscure lesion which, until identified, must leave the precise action of anti-syphilitics upon it undecided. Anti-syphilitics, moreover, improve the nutritive properties of the blood by reducing down the enormous excess in which the albumen exists. The serum from a syphilitic patient, on evaporation, has left a solid residuum of 623 parts in 1000, which, after incineration, has yielded only about 15½ parts of ash. The serum containing so much superfluous albumen, nearly eight times more than normal, was thick like mucilage, and semi-opaque.

4. Anti-syphilitics are directly concerned in their action with the factors of nutrition. As we have seen, they render the blood healthy, and must, necessarily, through it deprive the plasma, furnished various organs, of its previously vitiated character. But they also operate, specially, upon the tissues themselves. And this effect may be substantiated multifariously, as by the circumstance that the syphilitic action is not limited to the seat of obvious disease, as chancre, eruption, tumor, &c., but extends to the textures, apparently healthy, which are around and beyond it, each being implicated, although, to outward appearence, it looks sound. This is

illustrated by excising the prepuce, when affected with chancres at its edge, at some distance, as an inch below their seat; the skin, mucous membrane, and cellular tissue, may at first look healthy, but the wound will, nevertheless,become transformed into a vast chancre. Again,by local syphilization, which is a peculiar condition of a region, already, the seat of infection, whereby it is impregnable to a second dose of poison. Thus in chancre of the prepuce, the penis, imbrued with its pus, has not become inoculated while the thigh—a different region—has borne an ulcer at the spot touched by the apposition of the sore. And again, by discovery in the parts themselves of the anti-syphilitics ; mercury has thus been found in the cancelli of the bones, in the perspiration, in the gastro-intestinal secretion, in the pus of ulcers, the synovial capsules, the humors of the eye, cellular tissue, &c. Iodide of potassium in the bones, tongue, various organs, and in mucous membranes, &c. And lastly, the best anti-syphilitic produces local derangement of the parts liable to be invaded. There is not one affection which syphilis causes that may not be masked by a mercurial disease in the same place as chancre, bubo, skin disease, iritis, &c. Anti-syphilitics have in this variety of operation to subdue inflammation in one or other of its degrees, as the mere vascular disturbance of cutaneous efflorescences, or the exudative affections of cellular tissue, fibrous membrane, bones, &c., or the molecular disintegration of the ulcerative stage of open syphilis. In these effects, they exhibit the usual actions of alteratives and anti-phlogistics. But they are also liquefacient, and, as such, stimulant to the absorbent system ; and by this property, they produce the removal of that peculiar exudation, which is constantly going on beneath the surface diseased. This is an important action, because it is the absorption of this formation into the blood that causes secondary mischief. It is however inferior to the blood-action before mentioned, since, from the failure of escharotics, we must believe that the blood is vitiated before this local zymosis becomes energetic. It is exhibited in the softening and disappearance of the induration that exists. It may constantly be observed, for it is more or less present in every case of regular syphilis. These opinions are corroborated by the statements of Babington, that induration always precedes ulceration, and of Vidal that induration is a sign of general infection having already taken place. Admissions like these, moreover, prepare us for understanding how every chancre, might be succeeded by general symptoms if not counteracted by anti-syphilitics.

(*To be continued.*)

ART. XXVII.—*The "compressor" a new instrument for producing compression in bubo.* By Mr. THURLOW CUNYNGHAME.



The curve A B should be reversed.

The benefits which may be derived from the use of compression in bubo are almost counterbalanced by the difficulty experienced in applying a uniform and steadily increasing pressure. The apparatus represented above, and which I have named the "compressor," is intended to effect this, with the least amount of inconvenience to the patient and most satisfactory results to the practitioner. The instrument consists of an oval disc, 3 in. in length by 2½ in. in breadth, concave, the concavity being directed downwards, above this with its concavity directed towards the concavity of the disc, is an elliptic spring perforated in the centre through which the end of the screw passes in order to retain it in situ, the screw which is about 8 threads to the inch works through the screw plate, and to the ends of which are attached the straps surrounding the thigh.

The modus operandi is as follows:—the straps are first tightly buckled round the groin passing over the crest of the ilium; the screw is then turned, by which means the screw-plate is partly raised and the elliptic spring is flattened in the disc, both of which by their concavity serve to retain the gland under the instrument, this movement is continued till slight pain is experienced by the patient, and left there till the next visit, when it can again be increased without removing the instrument. Indeed, so strong is the pressure which may be effected that patients complain of the most excruciating agony when put on too tight.

The several cases in which it was experimented with, at the Montreal General Hospital, yielded the most flattering results, the patients expressing their satisfaction as to its easy mode of application and the very slight annoyance which was felt during its use.

One made like the above must necessarily be worn in bed, I have, therefore, for those who are unable to remain in-doors, invented one which may be worn while engaged in their ordinary avocations.

ART. XXVI.—*Narrative of Cases.* By Dr. Stein, Lachine.

In continuing my narrative, I have three cases of hysteria, displaying themselves in the following manner:—One in Miss M., with ovarian tumors, producing erotomania, exhaustion and death; another in Mrs. V., with retroversion of the uterus, indicating itself by violent vomiting and hiccup, with pain in the stomach, and local symptoms resembling peritonitis; the other Mrs. C., with pain in the region of the spinal column, pain like peritonitis over the abdomen, and great mental anxiety. In some of these cases we have instances of Marshall Hall's reflex action. And in another of the spinal irritation of some Authors. All these were much relieved by blood-letting. Whether on the late Professor John Thompson's principle that blood-letting is the best antispasmodic, or on that of relieving congestion about the uterus, may be matter of curiosity.

Next I have a case of pelvis abscess, connected with inflammation of the uterus, communicating itself to the uterine peritoneum in a young woman, lately married, partly bursting in the rectum, and partly opening through the peritoneum, and forming a permanent fistula there. I have a case of rupture of the gall bladder, in a woman of the name of R. This woman was, perhaps, about 7 months pregnant, was dancing and fell, the symptoms were jaundice, great depression and delirium, followed by abortion and death.

I saw lately a case resembling the *purpura* of the Sandwich Islands, in an Indian of Caughnawaga. This disease, if I am correct, is the prototype of the button scurvy of Ireland, and the radisyge of Norway. It was cured by iodine, used internally and externally.

I come next to a case of slow suppuration at the base of the tongue, in a scrofulous patient, it burst by numerous and small ulcerations over its surface. I have also a case of numerous enlargements in the organ, perhaps syphilitic, that had been very endurant, but was not under my treatment, and I believe remains uncured. Another that was treated successfully by mercury given to salivation. I have notes of a case of rheumatic fever, commencing by an enormous swelling of the tongue in a boy of the name of Ure.

I next have a case of general periostitis which included even necrosis of the palate bones in a boy of the name of MacG.

I have the notes of a case of swelling with violent pain like periostitis or abscess of the Tibia, after relapsing fever, but disappeariug without any issue, in a young man of the name of Clarkson.

I next have a case of erysipelas of the face and head, in a servant girl whose Mistress was dying of spasmodic peritonitis after childbirth.

I have a case of pericarditis, without rheumatism, in which, perhaps, from proximity to mamma during lactation, the secretion of milk was suspended by cold. Irritation might have been conveyed to the pericardium, a predisposition being given to this by old disease, remaining after the exanthemata.

Next I have the notes of a case of scrofula of the bowels, the chief symptoms being great emaciation, it was treated by mercury, supposing it to have been weaning brash. and the scrofula was so much aggravated that death soon occorred.

I have a case of extreme atrophy being the only symptom) induced by adhesion of pleura throughout the right side of the chest, in a child of the name of P. This child died, and on being examined we came to the conclusion in coming that from a distance in very cold weather, it must have had an attack of pleurisy from which it recovered, without any treatment, (for no physician was called) but with adhesions left throughout the right side, and which had induced the atrophy.

Next I have a case where in tapping for a Hydrocele, a quantity of gas escaped during the operation. I have many cases of pterygia (and by the bye it seems to be a common disease in this country) removed by destroying the central part of the web by caustic.

During a Puerperal epidemic I have the notes of the case of a woman named Taylor, taking the disease during menstruation.

In this epidemic, in many cases, the disease seemed to be in existence before the delivery. An epidemic of Lobular or catarrhal pneumonia, among children very fatal, occurred here in the beginning of Spring, 1856, they indicated all the symptoms of this disease on examination by the stetheoscope, &c.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXV.—*A System of Operative Surgery;* based upon the Practice of Surgeons in the United States; with a Bibliographical Index and historical record of many of their operations, during a period of two hundred and thirty-four years. By Henry H. Smith, M.D., Professor of the Principles and Practice of Surgery in the University of Pennsylvania; consulting Surgeon and Lecturer on Clinical Surgery, in the Philadelphia Hospital; Surgeon to St. Joseph's Hospital; Fellow of the College of Physicians, Philadelphia, &c. Second edition, with numerous additions both in the text and illustrations, making nearly one thousand engravings on steel. Two vols. Pp. 1058. Price, 37s. 6d. Philadelphia: J. B. Lippencott & Co. Montreal: B. Dawson. Qnebec: Middleton & Dawson.

At the last meeting of the American Medical Association, the proceedings of which now lie before us, Professor Gross closed his report on "American Medical Literature" by submitting the following resolutions;—*Resolved*, "That this Association earnestly and respectfully recommend, first, the universal adoption, whenever practicable, by our schools, of American works as text-books for their pupils; *secondly*, the discontinuance of the practice of editing foreign writings; *thirdly*, a more independent course of the medical periodical press towards foreign productions, and a more liberal one towards American; and, *fourthly*, a better and more efficient employment of the facts which are continually furnished by our public institutions for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of an original, a vigorous, and an independent national medical literature.

Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as important elements of our professional and national glory.

Resolved, That we shall always hail with pleasure any useful or valuable work emanating from the English press, and we shall always extend to them a cordial welcome as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories."

Correctly speaking, there is no American School of medicine. There is an English, a French, a German, and even an Italian school; but in the United States, owing to the rapid republication of foreign works, and their extensive diffusion throughout the profession, original research

and original writings have in a measure been strangled, and consequently American medical literature is not of such extent to enable it to exhibit that prominence and distinctiveness which is necessary to the establishment of a school of opinion. It is only in extent, however, that their literature is deficient; for, as a general rule, the quality of that which is written, will compare favorably with the classic treatises of the old world. In view of the many splendid facilities which exist throughout the Union for the prosecution of investigations into various subjects relating to the science and art of medicine—in view of the great mass of active mind which is included in the medical profession, the patriot must feel a certain amount of annoyance at the secondary position which his country occupies in the world of medical letters, owing to her long continued dependence on foreign supplies. That Dr. Gross, himself a luminary of no ordinary brilliancy, and, we have no doubt, an ardent lover of his country, should feel deeply mortified at this condition of things, and strive to remedy it, is perfectly natural. Many persons may see in the resolutions which he laid before the association, the breathing of a spirit of intolerent exclusiveness and bigotry —the initiative of a sort of "*Know Nothing*" crusade against transatlantic literature, but we confess to the holding of a more charitable view of the talented professor's intentions. It is not, we conceive, from any settled antipathy to the works of English authors, that he has been induced to this step, but rather from a praiseworthy desire to encourage and develope native talent. It is not "that he loves Cæser less, but that he loves Rome more." He would have an American School of Medicine ; we respect his aspirations and believe he is perfectly justifiable in attempting to bring it about by every legitimate means within his power. There is one recommendation in his first resolution which receives our hearty assent—"the discontinuance of the practice of editing foreign writings." Had he said "the discontinuance of the practice which now exists among certain medical men of the Union, of placing their names, with an appended string of indifferent memberships, fellowships, &c., on the title page of English and other reprints, and calling themselves editors," he would have been much nearer the mark. We have often been sorely exercised in mind to discover the object or utility of such a course, as we have been unable to discover either corrections of or additions to many works so edited." We beg pardon, there is usually an illy written preface of some hundred lines, in which Richard Jones or Jepheniah Corkscrew, M D., Physician to some two or three minor Medical charities ; member of half a dozen unknown local societies, &c., &c., &c., is graciously pleased to inform the medical public that he has con-

sented to edit the work of Mr. So and So, (a name, in all probability that is known and will be ever known wherever Medical science has her votaries) and that he is certain a perusal of the work will afford pleasure and profit to the reader. There is no general rule, however, without an exception, and we are happy in bearing our testimony to the fact that the notes added to a few foreign works by their American editors have really enhanced the value of such works materially. "But what has all this to do with Smith's operative Surgery?" Merely this, courteous reader,—Prof. Smith's work is purely American; it claims to be a correct and complete exponent of the practice of American Surgery, and is one of those deserving treatises which should have a high place assigned to it among the class-books recommended by Dr. Gross; we thought therefore, that some information regarding the movement which has lately been started in favor of native writings would be an agreeable prelude to a short notice of the work of one—"native, and to the manor born."

That American Surgeons have introduced a number of original operations which are now adopted by the profession throughout the world, is a fact which redounds greatly to their credit. Indeed, they look upon certain operative procedures as perfectly feasible, which European Surgeons still pronounce impossible. The extirpation of the parotid gland, for instance. Few French or English Surgeons hold the opinion that the parotid gland can be removed completely and successfully in the living subject. The former are no doubt influenced by the high authority of men such as Boyer and Richerand, whilst many of the latter feel convinced, from the deep and important connexions of the gland, as well from attempts to remove it in the dead subject, that it cannot be accomplished. The high character, as gentlemen and Surgeons, of those in the United States who have repeatedly removed the gland cannot be gainsayed. We feel bound, therefore, to place implicit confidence in their assertions, notwithstanding our tendency to scepticism from our knowledge of the anatomical relations of the organ. It is just possible that the explanation offered by Harrison and others may be the correct one, viz:—That the *socia parotidis* enlarged by disease, having in its gradual growth pressed on the parotid, thereby causing its absorption and occupying its superficial positions, is the diseased mass extirpated in these operations. And this opinion certainly receives support from the pathological appearances presented by the masses removed; for, according to Prof. Smith, in all of them there was more or less of cancerous degeneration which had involved the entire structure, or which, if limited to the areolar tissue in the first instance, had produced such a change in the gland that the original growth could not be recognized.

In the United States the operation was first performed by Dr. J. Warren, of Boston, "who, as early as 1798, removed the entire gland; in 1805, Dr. McClellan, of Franklin County, Pennsylvania, did the same thing; in 1808, it was also successfully performed by Dr. S. White, of Boston, New York; and in 1811, and 1814, and again in 1841, Dr Sweat, of Maine, successfully repeated it." Dr. George McClellan performed the operation eleven times; Dr. John C. Warren, of Boston, and Dr. Bushe, of New York, each operated three times; Drs. Mott, Horner, Randolph, Nathen, R. Smith, Wheeler, Shipman, Toland, Wedderburn, J. H. McClellan and J. Mason Warren, each performed it once, thus making in all twenty-seven cases that have been operated on in the United States. Our author makes the following remarks on the operation:—"Certain general precepts may be applied to every instance in which the removal of the gland may be deemed proper. 1st. All external incisions should be free enough *at first* to enable the operator to work readily around the tumor. 2nd. The tumor should be first loosened at its posterior part, then at its superior and anterior borders, and lastly at its inferior. Dr. Mott, however, prefers to commence below, but always ligates the carotid before commencing his operation. 3rd. The attachments of the tumour to surrounding parts should be stretched or torn as much as possible, instead of being dissected, as the laceration prevents hemorrhage. 4th. The edge of the scalpel should be directed towards the tumour as much as possible. 5th. The external carotid artery should be taken up, as nearly below the tumour as may be necessary, at the moment of removing the gland from its deepest and inferior connections."

It was an American Surgeon, Dr. Geo. McClellan, of Philadelphia, who first performed resection of the entire inferior maxillary bone, an operation which has since been performed in the United States upwards of forty times. It was an American Surgeon, moreover, the intrepid Mott, who conceived and carried into effect the bold idea of ligating the Brachiocephalic artery. This operation, has unfortunately, in the nine times it has been performed, proved invariably fatal. We might cite other instances illustrative of the originality of American Surgeons, but we must refer our readers to Prof. Smith's work, where ample justice is rendered to them. To those desirous of becoming acquainted with the Surgical practice of our neighbours, we earnestly recommend the work under review, as we feel confident, that the author has left no stone unturned to make his volumes the record of American Surgery. The publishers, Messrs Lippencott & Co., deserve credit for the handsome appearance of the work.

XXXVI.—*Lectures on Materia Medica and Therapeutics.* Delivered at the College of Physicians and Surgeons of the University of the State of New York, by JOHN B. BECK, M.D., late Professor of Materia Medica and Medical Jurisprudence. Prepared for the Press by his friend C. R. GILMAN, M.D., Professor of obstetrics, etc., in the College of Physicians and Surgeons, N. Y. Second Edition. New York: S. S. and W. Wood. 1856.

There are a number of mistaken opinions prevalent concerning the nature of the Materia Medica which cannot be entertained without prejudice and detriment to this important department of science. Its scope has been narrowed down to the comprehension merely of drugs or medicines, by those who either know not, or care not, that with this information, or as it is properly called pharmacology, is likewise included hygiene and dietetics. Its expressions have been brought within the concise compass of an enumeration of the outward characters of the ingredients of its armentarium, as if it passed over in profound silence the teachings relative to them as they belong to Natural History, to Zoology, Mineralogy and Botany. Its study has been condemned as a burdensome accumulation of memorial facts, and this in opposition to the indications which itself affords of constant occasions for the exercise of comparison, of reflection, and of judgment, such as are never exceeded since they occur in the demands that require the skill of its inseparable associate, therapeutics. Its tendencies have been slighted or ignored :—presumed to be solely serviceable as a means of acquisition for passing an examination, no regard has been entertained for the full measure of information it affords concerning toxicology, pharmacy, the art of prescribing and practical medicine. And yet these are but examples of the slanders which have been wilfully and disparagingly heaped upon the materia medica. With the remaining we shall not occupy the attention of our readers, nor will we enter upon a formal refutation of those that now stand recorded; for, let us hope that by a happy experience each reader is individually enabled to rebut the calumnies with far more power than any ratiocination at our command.

From the wide domain of the subject, it necessarily follows, that no single treatise can possibly include within its limits, *everything* that relates to materia medica. And authors, therefore, have been constrained to dwell upon some one section, either more entirely or wholly than the rest; leaving the latter either altogether excluded or but lightly examined. The work before us, partaking of this general character, is confined to pharmacology and therapeutics. Its matter is distributed over 556 pages, and consists of a condensed statement of the lectures of its

lamented author, who died some months ago. The arrangement adopted for the discussion of the medicinal agents, is based upon the part or organ of the system they effect. This classification appears to be the most popular one among American writers, and we have already given our opinion of it, in the review on Wood's work in our last issue. The text of the present treatise is simply given and clearly written. It appears to afford a succinct and reliable account of the various objects it comprises, and to be a brief exposition of the present state of literature on the different subjects it embraces. The author evidently had in view the wants of the students; and without advancing any prominent or singular views of his own, has endeavored to express, in form and language easily to be understood, the more fundamental and general of the contributions that his predecessors and cotemporaries had produced. We think the work well deserving of patronage and especially suited for the purposes of the fresh-man in medicine.

XXXVII.—*The History, Diagnosis and Treatment of the Fevers of the United States.* By Elisha Bartlett, M.D., late Prof. of Materia Medica and Medical Jurisprudence, in the College of Physicians and Surgeons, in the University of the State of New York, etc., etc. Fourth Edition, revised by A Clark, M.D., Professor of Pathology and Practical Medicine, in the College of Physicians and Surgeons of the University of the State of New York. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856. Pp., 610.

The following work has been highly commended in a number of flattering notices which have been written in praise of it by the different reviewers, through whose hands the previous editions have passed.

It is divided into four parts—upon, respectively; typhoid fever, typhus fever, periodical fever and yellow fever. Each of these subjects engages 12 chapters, which are devoted to preliminary matters, such as names of the disease, its history, &c.; symptoms, anatomical lesions; causes; varieties and forms; duration; march and complication; mortality and prognosis; diagnosis; theory; treatment; definition and bibliography.

We are not personally acquainted with the fevers of the United States, and are therefore unprepared to make any comment upon the fidelity or accuracy of the descriptions, which seem drawn up in minute portraiture, and to be expressed in chaste as well as expressive language. The

above diseases, from the statement of the author, are essentially different from the analagous affections which are witnessed in Europe, and hence it follows that the descriptions which have been given of them by English and French writers do not correctly apply to the American modification. Some of the types, indeed it is asserted, are never met with, as for instance the relapsing fever of Great Britain, which was described in the British and Foreign Medico Chirugical Review, and elsewhere a few years back. It is, therefore, imperative upon the Student who designs to settle in the United States, to make himself master of the details of the late Professor Bartlett's comprehensive treatise, and which we are happy in being a means of introducing to his notice.

XXXVIII.—*The Practical Anatomist;* or the Student's Guide in the dissecting room. By J. M. ALLEN, M.D., late Professor of Anatomy in the Medical Department of Pennsylvania College, &c. With two hundred and sixty-six illustrations. Philadelphia: Blanchard and Lee. Montreal: B. Dawson. Quebec: Middleton and Dawson. Price 11s. 3d.

After a careful examination we can fully recommend the above excellent treatise to the student. It is, in our opinion, one of the plainest and best works on practical anatomy in print; and this we say with a knowledge of all the works on that subject at present published in the English language. The illustrations are numerous, well executed and add considerably to the utility of the work.

CLINICAL LECTURE.

On Cataract. By H. HAYNES WALTON, Esq., F. R. C. S., Surgeon to the Central London Ophthalmic Hospital, Assistant Surgeon to St. Mary's Hospital, and Lecturer on Surgical and Descriptive Anatomy.

GENTLEMEN.—I shall direct your attention to one of the cases of lenticular cataract in early life, that has been in attendance, and make some comments on it. I have selected that of James Welsh, an infant in the arms. There can be no doubt that he was born blind, although the cataracts were not discovered until some weeks after birth. He had therefore congenital, and what is called soft cataract. As I find

that students are sadly tormented about the sorts of lenticular cataracts, when they examine them, from the preconceived ideas that they have formed, and as I know that many who have spent a long attendance at an Ophthalmic Hospital, quit this fertile source of knowledge with confused ideas on the subject, I shall endeavour to make the subject clear to you, and to guide you in the way of discriminating the varieties. The terms hard and soft, as applied to cataract, are not always meant to signify extremes of density any more than in the very many senses in which they are otherwise employed, but are used to express degrees of slight difference. Now, as a rule, the age of a person forms a key to the kind of cataract, and in this way: At the different periods of life, the crystalline lens is of different density, or if you like, hardness. In the child it is much softer than in the old man. Cataract is opacity pervading the crystalline lens, therefore we speak of loss of transparency in the young subject as soft cataract, in the aged as hard cataract. Hard cataract cannot occur except in the old, but the soft may form at any period of life, as the lens may degenerate, and become more soft than in infancy. It may degenerate to excess, and be converted into pulpy or even fluid consistency. Under what is usually called the middle age of life, about the fortieth or forty-fifth year, is the time that ordinary soft cataract occurs, but it is often a question under which division the disease should be placed. It is enough for our purpose to make demarcation here, for I shall not puzzle you with the nice distinctions, but leave you to work out minute practical details for yourself. It will be enough, I am sure, at present for me to teach you the common things in ophthalmic surgery.

It remains for me to tell you the chief diagnostics of soft cataract of early life, of soft cataract the result of a very much degenerated lens, and which I said may come on at any age, and of hard cataract. These are to be sought in the colour, either with the pupil in the natural state, or, what is better for beginners, dilated with atropine. A light grey colour is the appearance presented by the first, and in proportion as the cataract occurs in early life, the grey is more apparent; sometimes there is a blush whiteness resembling milk and water. The colour is generally more intense in the centre, and there may be streaks or radii due to certain alterations in particular fibres of the lens. A soft cataract from degeneration of the lens to a semi-fluid or fluid state, presents for the most part, a dead white colour. Hard cataract shows a mixture of dark grey and amber, more deeply shaded in the centre. Before the middle period of life, the lens begins to undergo a process of colouration which increases and terminates only with the life of the individual, hence the lenses of the very aged are like a piece of amber. Hard cataract is nothing more than greyness, or opacity, appearing in an already discoloured, and somewhat dense lens.

The particular kind of cataract determines the description of the operation to be selected, and the experience of several generations of surgeons declares that the soft cataract may be most sucessfully treated by what is called the operation for "solution," the hard should, when practicable, be extracted: it has been reserved for modern surgery materially to improve the manner of operating in both instances. In the soft,

with which we are at present particularly concerned, the great indications to be fulfiled are, to remove the cataract, maintain the retina in its integrity, and preserve the pupil unattached to the capsule, being neither displaced nor contracted. To obtain the best success we must accomplish all these. It would be well, always to effect the absorption *in situ*, that is for the cataract to be absorbed without having been dislocated from the capsule, as this is accomplished with the least amount of irritation or inflammation, and it may generally be secured by using a delicate needle, and employing the instrument to a limited extent. It may be a slower process than that often adopted, of attempting to accomplish a great deal at once, but the result is superior. This needle I show you is as delicate as it is possible for it to be made consistent with strength. The older Surgeons never could have dreamed, when they used their skewers, that such instruments were efficient. It is impossible to inflict a smaller wound on the eye-ball than it produces, while it is equal to any required execution. You will remember that I operated through the cornea. After having dilated the pupil of the left eye, I carried the point of the needle through the margin of the cornea, lacerated the central part of the capsule, and disintegrated the corresponding portion of the cataract. You may have perceived that the aqueous humor did not escape. After no inconsiderable experience of this, which is called the anterior operation, and that executed through the sclerotica, and called the posterior, I give the former a very decided preference. If in this instance, in which the lens was of normal consistence, the needle had been very freely used, dislocation would have been risked; and although in the child this is less dangerous than at a later period of life, and especially if the displaced body were to pass into the anterior chamber, still it should, if possible, be avoided. Then when the capsule is very much lacerated, even if the lens do not escape, adhesion of it to the pupilary margin, in a greater or lesser degree, is almost certain, and in proportion to the extent of these adhesions is there difficulty of getting a clear pupil. Several times I have seen eyes lost from repeated attempts to free the pupil of capsule that was extensively adherent to the iris, in consequence of previous bad operating. Sometimes the most careful operator cannot prevent some adhesion, and the only way to prevent its constant occurrence is to observe what I tell you. I wish to make you regard it as a principle. I was asked by a surgeon to examine the eyes of a young man on whom he had operated for soft cataract. The case was submitted to me with no small degree of pride, and accompanied with remarks that betokened the greatest satisfaction in the result. In the one eye the pupil was central, but contracted and nearly universally adherent to opaque capsule, this was the better of the two: in the other, the pupil was displaced upwards, it also was contracted, triangular and univers lly adherent. I asked if there were any adhesions before the operations, and was answered in the negative. To another question about the method of operating I was told that the "cataracts had been stirred up freely" and comminuted as much as possible. I understood that several operations had been done, but whether they were directed to the opaque lenses or to the removal of the capsule I did not ask.

It is five weeks since my operation on the child, and not a vestige of lenticular structure is apparent. Absorption has proceeded at a marvellously rapid rate. I saw the case from week to week, and was quite satisfied that interference was unjustifiable, as it was progressing most favourably. I wish forcibly to condemn the practice of repeating the use of the needle at intervals of one or two weeks, for in nine cases out of ten it delays rather than advances the absorption. Before the eye has recovered from the last operation, it is called on to resist the effects of another, much irritation is produced, injury to the retina is risked, absorption more or less suspended, and it is rare indeed if the pupil does not become materially adherent to the capsule. So long as there is evidence of the absorption going on, by the diminution of the cataract, give time for its completion. If you have doubt, examine the eye under the effect of atropine. Sometimes it is a question whether the capsule has been sufficiently opened, and the texture of the lens exposed. An examination of the eye in profile will often determine the point. It is at a later period the operation may be repeated with advantage, as after the superficial and softer part of the cataract has been removed, the denser nucleus may remain. Then it is, too, that we can act without dread of its results, for then the capsule has receded from the iris, and when further torn is less likely to come into contact with it, and become adherent; then, too, the operation is repeated when the eye is nearly, if not quite as quiescent as at first. I have often been surprised at the length of time a small nucleus will remain wrapped in capsule: after it has seemed that a piece of capsule only obscured the pupil. In those instances in which the lens degenerates, a minute nucleus is sometimes found at the time of operating among the fluid portion. At present I do not repeat my operations half as often as I did twelve years ago, when I commenced practice, and my results are far superior. I obtain better vision for my patients. An eye in health would suffer from having a needle thrust into it, five, six, seven, eight, or more times, at short intervals, and it is much worse for one that is diseased. I showed you that the pupil was round and inadherent, but that a band of capsule crossed the lower portion of it. Now, I shall not be tempted to attack this just yet, as it is probable that it will contract beyond the edge of the pupil in the ordinary state, and therefore will not interfere with vision. If you do but watch cases, you will soon be convinced that the capsule does not reach its maximum contraction till weeks after the lens has been absorbed, and except that time should be a matter of much consequence to the patient, always wait a little, and endeavour to prevent a useless operation. With a little attention you will soon discriminate when the disposition of the capsule is such that the pupil is not likely to be cleared by such contraction, for *cæteris paribus*, the more it is detached from the ciliary connexion, the more you may rely on its shrinking. In this child the capsule was not opaque till after I had operated, therefore the case was a most favourable one for the application of practical surgery. The other eye offers quite as good a prognosis. I shall, perhaps, in my next lecture point out the complication arising from thickened and opaque, in conjunction with lenticular

cataract. In the operation for "solution" there is not any advantage in operating in one eye at a time. Here the parents wished the single operation.

THERAPEUTICAL RECORD.

Therapeutic Results in the Children's Hospital of Munich, under PROFESSOR HAUNER. Reported in the Journal f. Kinderkrankheiten; 1855. Translated from l' Union Medicale for March, 1856: By M. MORTON DOWLER, M. D., New Orleans.

The distinguished Bavarian Professor has briefly recited his own observations touching the action of medicines by him employed in diseases of children. His judgment is of great value, not only from his eminent ability, but from the fact that the hospital of which he is at the head, receives annually more than 2,000 sick children; and during many years he has occupied the post of chief physician.

He sets out by recommending vaccination in cases of nævus maternus; and recommends the inoculations to be formed not only all over the surface of the nævus, but even on the sound skin on the margin of the part affected.

Chlorate [of Potassa.—Employed for many years with constant success in stomatitis and ulcers of the mouth, and in more than 70 cases. The results are wonderful; for in four hours the penetrating, disagreeable odor of the mouth disappears, and the cure is rapid. It is very valuable in diphtheritic affections of the mouth and throat, and in mercurial ulcerations; but its value is less constant in these cases:—R. Potas. Chlorat., 3ss-3j; Aq. Distillat., ℥iij-℥jv; Syrup Alb., ℥ss; m. ft. mist. S. To be used in 24 hours.

Cod Liver Oil.—Has been given in at least 200 cases of rickets, of every form; all of which have been cured. The other hygienic and medicinal means, as baths, lotions, etc., have not been the principal curative means; for, employed without the oil, the cure has not been effected. The oil is given in doses of from three to four dessert spoonfuls a-day Gastric and diarrhœal affections, if existing, must be treated before giving the oil. In Summer, and during warm days, it is much less easily supported than in Winter, and in cool weather.

Tincture of Artificial Musk (Musc Ambrée).—In laryngeal spasm, uncomplicated. Nothing is said of either dose or formula. Employed with constant success in more than 30 cases.

Arsenic.—Fowler's Solution. in various cutaneous eruptions; as the different forms of eczema, prurigo, psoriasis guttata etc. The constitutional origin of these affections, is first sought out, and the treatment governed by the same. Those which resist the ordinary rational and empirical treatment, are amenable to arsenic. R. Liq. Potas. Arsenical., 3j;

Aq. Destil., ʒss; S. Take five drops, at first twice, and afterwards three times a day. At the expiration of one month, the Fowler may be given pure. Fatty and impure aliments must be avoided, and the patient must be warmly clad. Baths hasten the cure. No serious result has been observed from the medicine, but the existence of diarrhœa, either contra-indicates the use of the agent, or neutralizes the result.

Nitrate of Silver in the decline of croup, rubeolic cough, inflammatory angina, and in ophthalmia of the new born. (Abortive treatment.)

Sulphuric Acid, prepared; Elixir of Haller.—This medicine, so readily taken by patients of all ages, has rendered the greatest service in typhoid, and exanthematous fevers; in diseases of the blood and of the vascular system, appertaining to scorbutic affections, especially in the Spotted Disease of Werlhoff. It is given with other appropriate remedies, by adding from ʒss. to ʒj. of the medicine, to from ℥jss. to ℥jvss. of the syrup of marsh-mallows, and adding a table-spoonful of this to the common drinks.

Arnica.—M. Hauner having witnessed the abuse of this remedy at the beginning of his career, completely laid it aside. Nevertheless, of late, he has used it on the recommendation of Dr. Schneider in three cases of serous exudation, in children notably scrofulous, but free from any specific dyscrasia. The first two were children brought to the hospital with pleuritic effusions, which had been misunderstood, having been regarded by Dr. S. as purulent. The debility was so great that thoracentesis could not be ventured upon. The ordinary treatment was unavailing. A complete cure was effected by arnica. M. Hauner obtained similar results in the city, in case of a woman of twenty years of age. The third child was attacked with an arachnoidian effusion, with well marked symptoms; and which slowly disappeared.

In all these cases perseverance is requisite; for those affections do not rapidly yield. These four cases do not afford sufficient data on which to determine the value of arnica; but they afford new exemplifications of its value. Take of flowers of arnica ʒss-ʒj, or ʒjss. to make from ℥ij to ℥ijss. of infusion; to which ℥ss of Syrup of Senega is to be added; and one or two dessert-spoonfuls are to be taken every two hours. The woman took ℥ss of the flowers.

Cinchona, Quinine.—In intermittent fevers, used both internally and endermically. There exists yet another form of fever, nearly approaching typhoid, characterized by feebleness at the onset; and which calls for the employment of quinine. This is the stupid typhoid fever of the ancients; the remittent fever of children, without localization, of many authors. The diagnosis of the disease is very difficult. It is wanting in the usual dry and red tongue, the febrile pulse, the abdominal sensibility, especially the pain in the ilio-cæcal region, the distension of the belly, the typhoid stools, etc; indeed almost all the signs which characterize typhoid. It is not a cerebral affection; for the history, the primary symptoms, the condition of the eyes, the absence of vomiting, the state

of the abdomen, the position of the patient, the intervals of relief. all show the contrary. This disease is no more nor less than a peculiar species of nervous excitation in excitable children, which is most frequently found during the years of evolution. If unfortunately we have employed antiphlogistics, or purgatives, or if we have refrained from treatment, there results a long continued disease wasting the patient with hectic fever; or, indeed, the disease may localize itself on the brain or lungs, according to the individual predisposition of the patient; and carry off the children by a secondary affection. Quinine is the true panacea against this fever.

Quinine has the most salutary influence in hectic fever, even when owing to the existence of tubercles. M. Hauner cites cases of six girls, from six to ten years of age, consumptives, situated under unfavourable circumstances, in which the cough, sweats, emaciation, (and pulmonary symptoms?) which had resisted other means, disappeared under the use of quinine. If quinine rarely cures such cases, it often gives relief.

Many of the neuroses, and sporadic affections, are also cured by quinine.

In anæmia of children, and atrophy from bad diet, etc., without localization or disorganization of an important organ, the extract of chinchona, cold prepared by maceration, renders the greatest service:—R. Ext. Chinchonæ, gr. jvss-viij; Aq. Flor. Anthemidis, ʒx-ʒij; Syrup Cort. Aurant., ss; S, Two dessert spoonfuls every two or three hours.

Chamomile, and White Decoction.—The first in an especial manner relieves colic brought about by an accumulation of gas in the intestines, and it acts as a carminative. The second is a pure mucilaginous substance, indicated in case of bronchial and pulmonary irritation, from what cause soever it may originate. Chamomile is generally employed in baths, containing half a handful, or in injections, one to two ounces of the medicine infused in from two to three ounces of water.

Columbo.—In habitual diarrhœa of children and adults. In children, improper nourishment gives rise to a catarrh of the small intestines, or a dysenteric colitis, and from the same cause there is finally developed a state of laxity, and atony of the intestines, manifesting itself by a diarrhœa which is sometimes serous, at others lienteric, which ends in atrophy. This condition does not yield to either calomel, nitrate of silver, or rhubarb; but is sometimes cured by the mild, ferruginous preparations, but especially by the prolonged use of columbo.

R. Rad. Calumbæ, gr. viij-ʒj; Aq. Destil., ℥j-℥jss.; coque et adde Syrup Cort. Aurant., ℥ss. S. Take two dessert spoonfuls every hour. Or, thus; R. Ext. Calumb., gr. jvss.-gr. vj; Aq. Cannel., ℥j-℥jss; Syr. Cort. Aurant., ℥ss. To be taken as the preceding mixture.

Iron.—M. Hauner employs iron but little. The tincture of the malate of iron, is prescribed in cases of anæmic conditions, when there is absence of diarrhœa, febrile excitement, and dyspepsia. The syrup of iodide of iron, has proven advantageous in certain cases of scrofula, in cases of

extremely feeble children. Thin attenuated children having a predisposition to pulmonary scrofula, do not well support it, the cough and irritability of the lungs being aggravated by its use.

Jalap.—One of the best purgatives in cases of children. Children affected with scrofula, opthalmia, chronic cutaneous eruptions, intestinal worms, slow and irregular digestions, etc.; children of a sluggish habit, large belly, dry skin, slow and indisposed to action, are much more speedily cured when the treatment is begun by an active purgative of jalap and calomel. Neither calomel alone, nor senna, nor aloes, is capable of exciting evacuations as abundant, and as derivative as jalap.

Ipecacuanha.—As an emetic, its efficacy is well established in many diseases, as whooping cough, catarrhal fevers, in cases of very excitable feeble children, predisposed to diarrhœa. In small doses this root renders the greatest service in cases of bronchial catarrhs, and Spring and Autumnal catarrhal affections accompanied with great irritability of these organs, with cough, mucous rales in the bronchial tubes, and difficult expectoration, especially when these conditions are complicated with intestinal catarrh.

R. Rad. Ipecac., gr. ij-gr. jv; Aq. Bullient., ʒjss.-ʒij; Macera et Cola; dein adde Syrup Alb., ℥ss. S. Take two dessert spoonfuls every two hours.

R. Rad. Ipecac., gr. ij; Rad. Rhei. gr. jv; Aq. Bullientis, ʒjss; Maecra et Cola; adde Syrup Senegæ, ℥ss. S. Take a dessert spoonful every two hours; or give in powder, from gr. ¾ to gr. jss. with sugar and milk every two hours.

Ipecacuanha is one of the best remedies in diarrhœas, frequent with young infants in the hot season. (Summer diarrhœa, dysenteric diarrhœa.) An infusion of ℥jss. to ʒij made with gr. viij of Ipecacuanha, with the addition of ʒss. of the Syrup of Poppy, given in doses of two dessert spoonfuls every hour.

Creosote.—Extraordinary means are to be employed only in extraordinary cases, in which the diagnosis is not positive, and in which we are compelled to treat for the more prominent symptoms. To this category belong two cases of vomiting, which, resisting every other means applied, yielded to the following potion: R. Creasoti, gutt ij; Aq. Destillat., ʒjss. Syrupi Albi., ʒss. S. Take two dessert spoonfuls every hour.

Aqua Lauro cerasi.—The organism of children is subject to revolutions in cases of irritable subjects, so often badly nourished and badly treated, and to subacute and congestive affections, which not unfrequently manifest themselves in the head, chest, and spinal marrow, with symptoms of nervous irritation, simulating to a certain extent, cerebral hyperæmia, pneumonia, carditis, myelitis, of which diseases there are only wanting the local pathognomonic signs. The spasmodic pulse, the extreme irritability, the dry skin, the heat, the general agitation, the violent palpitations of the heart, the fatiguing dry cough, under the influence of the Aq. Laur. Ceras., are subjected to a calmative which is unequalled in efficacy by any other medicine. These conditions are moreover fre-

quently met with. This water is still more efficacious in the spasmodic and convulsive cough of children, and in that of consumptives. R. Aq. Laur. Cerasi., gtt. vj-x-xx ; Syrupi Albi. ℥j ; S. Take a dessert spoonful every two hours.

Opium, Morphine.—These agents are not frequently employed by M. Hauner. In the diarrhœas, he treats with opium only those which are the most obstinate ; and he uses it in dysentery. He administers it in very minute doses, combined with calomel. R. Pulv. Opii. gr. 1-30 1-15 ; Calomel, gr. I-10 1-5 ; Sacchari Lactis, gr. viij ; m. ft. Pulv. S. A powder such as this every four hours.

Its use as a calmative is more general ; as in colic pains, in neuralgias, in insomnia and nocturnal cough of consumptives (morphine), the cough of the nervous period of the whooping-cough, in non-irritable and phlegmatic children. As an external application, laudanum enters into the composition of numerous collyria ; is used for the dressing of numerous atonic ulcers, in which it favors the formation of healthy granulations ; is used in spina ventosa, caries, etc.

Lichen Islandicus.—Employed as a tonic in mucous affection of the lungs.

Walnut leaves.—Feuilles de Noyer.—Long experience has proved to Hauner that in scrofulous affections, cod-liver oil, so generally recommended, is without effect ; that iodine, so very efficacious in certain diseases, the chloruret of barium, antimonials, etc., stand at zero, whilst the walnut leaf, newly dried, shows a decidedly advantageous action. (We do not concur in this condemnation of cod-liver oil ; nor as to the unfrequency of the good effects of iodine in these affections—French Translator.) (We have derived excellent results from iodine administered simultaneously with iron—Am. Trans.)

The principal indication for the use of walnut leaves, is in cases of torpid, sluggish, and inactive children, in scrofulous ulcers, otorrhœa, chronic, scrofulous, cutaneous eruptions, in atony and engorgements of the lymphatic system. It need scarcely be remarked that the proper hygienic measures ought to be concurrently adopted.

Rhubarb.—This root will ever find a place in the treatment of children. In young children with affections of the digestive organs, characterized by a tardy expression of the meconium, by icteric symptoms, by non-febrile dyspepsia, etc ; in short, conditions known under the names of apepsy, flatulence, acidity, gastricism, caused by feebleness of the digestive organs, the consequence of bad alimentation, are cured readily with one or two dessert spoonfuls daily of syrup of chickory with rhubarb. But it must not be given in febrile affections, and in diarrhœa, unless they be purely gastric. At a more advanced age, we increase the activity of the syrup of rhubarb, by adding to it the aqueous tincture of this substance. This combination is prescribed in affections of the liver and spleen, and to close the treatment of intermittent fevers, etc. Infusion :—R. Rhei. Contus., gr. ijss-gr. viij ; Aq. Bullientis, ℥jss-℥ij ; macera et cola. Solution of Extract :—R. Ext. Rhei. gr. ijss-viij ; Aq. Fœniculi,

℥jss--ij ; m. ft. solutio—this being one of the best stomachics for children artificially nourished.

Senna.—With children, rhubarb ordinarily supersedes senna ; nevertheless, cases occur in which the more energetic action of the latter is to be preferred ; and we generally employ it in the form of the Vienna Laxative. Such cases are cerebral inflammations, and congestions in torpid children ; obstinate constipation, having its origin in gastric causes, helminthiasis, the onset of gastric fevers and febrile exanthemata, especially scarlatina and variola, in which it is well to avoid calomel.

Senega.—In Croup, neither at its onset nor at its acme, has it any favorable action ; but it is useful at the period of resolution of the disease, and in consecutive affections ; it acts well in the laryngitis which follows measles. In the secretive period of whooping-cough, in chronic bronchitis, with abundant and tenacious accumulation of mucosity, in catarrhal and typhoid pneumonia, and especially in rachitic infants.

The decoction may be prepared by boiling from gr. viij to ℥jv of Senega root, in a sufficient quantity of water, so as to make from ℥jss to -ij of the decoction, to which may be added ℥ss of the syrup of Senega, or the medicine may be prescribed in the following form :—R. Syrup Senega, Syrup Ipecac., Syrup Glycyrrhizæ, aa., ℥ss. S. Take two dessert spoonfuls every hour or every two hours. [This seems to us a large dose for children.—Ed. Am. M. M.]

Valerian Root, Carbonate of Magnesia.—These two agents are much employed ; especially in the form of a compound powder, much used in Germany, but almost unknown with us. It is called the children's powder, the pulvis puerorum ; for the preparation of which there are various formulæ. The formula preferred by M. Hauner, is according to the manner of Hufeland, except that the oleo-saccharum of fennel is superseded by the sugar of milk. The following is Hufeland's formula ; —R. Magnesia Carbonatis, part. xvj ; Radicis Rhei, part. vj ; Radicis Valerianæ, part. j ; Fœniculi Oleo-sacchari, part. viij ; m. ft. pulv. Let there be taken, according to the age, what will lay at two or three times on the point of a penknife, daily. However irregular this compound may seem, it is, nevertheless, very valuable ; and is frequently employed. The valerian, by its essential oil, its extractive principle, and its peculiar acid, acts as a tonic on the nervous system ; while the magnesia as an antacid, corrects the acridity of the gastric and intestinal secretions ; the part which is acted by the rhubarb is well known.

Mercury, principally *Calomel.*—The action of mercury is especially resolvent, promoting the secretions ; and hence its frequent employment with infants, in which the diseases of organic life are so numerous. M. Hauner especially prescribes calomel in cases of cerebral affections, in idiopathic meningites, hyperæmia occurring at the period of dentition, in robust children, in *convulsions*, eclampsia, caused more frequently at that period, by cerebral irritation. In these cases the calomel is given in free doses, say from gr. ½, to gr. jss.

The reputation which mercury formerly possessed in cases of hydrocephalic diseases, has vanished before a more correct diagnosis of such cases.

The granular affections of the meninges and their results, acute hydrocephalus, are neither cured by calomel, sublimate, nor any other means; and the reported cure in such cases, is founded in error.

Calomel renders important service in all inflammations in which there is a tendency to plastic deposits, and exudations into the internal cavities.

Its favorable action is shown further in intestinal catarrh of children, attended with pain, great sensibility, and distension of the belly, with diarrhœa, sometimes abundant, but more frequently moderate. Secondary cerebral symptons often complicate such cases, sometimes with somnolence and heaviness of the head, at other times with crying and insomnia, attacking especially children badly nourished and at the same time suffering from dentition. Emaciation and leanness do not contraindicate calomel, though it is important to bear in mind the treatment appropriate to each special case. In affections of the large intestines, characterized by frequent evacuations, with tenesmus and violent, painful efforts, accompanied with cerebral symptoms, often convulsions, even to tetanic cramps, in this true dysentery, calomel is the agent specially ind cated; and will alone effect a cure. We give from 1-6 to ½ a grain for a dose, every four or five hours, alone, or associated with feeble doses of opium say from 1-30 to 1-15 of a grain.

Numerous children have been brought to the hospital suffering from the abuse of the infusion of poppy heads. Insomnia, wasting, dryness of the skin, and trembling, showed themselves, owing to narcosis and hyperæmia of the brain. Calomel in the small doses of from 1-6 to ½ a grain, continued for a long time and aided by cold lotions to the head, has rendered great service in such cases.

As an anti-syphilitic, M. Hauner employs the soluble mercury of Hahnemann with the greatest success, while every treatment, as with iodine, sarsaparilla, etc., has had absolutely no effect. In persisting in his plan of treatment for sufficient length of time, he has secured the permanence of the cure.

Belladonna.—It always has shown its value in whoopingcough. Nevertheless the last epidemic appeared to be refractory under its use, which M Hauner explains on the peculiarity of the epidemic, characterized by prolonged catarrhal prodromena, a short spasmodic stage, and a long continued terminal cough.

Tartar Emetic.—This salt in a single dose of from gr. ⅓ to gr. ij, according to the age, has often a wonderful effect in pneumonia, especially the catarrhal, in broncho-pneumonia, in croup, etc. In case of sanguine and robust infants, in marked inflammation, we must employ it after abstraction of blood, and without the latter, in case of feeble and scrofulous children; but diarrhœa and diseases of the digestive apparatus, contraindicate the use of the antimonial. Though its use is less admissible in pure gastric affections; an accumulation of mucosity in the stomach is one of the complications of catarrhal affections of the respiratory organs and in which it may be admissible.

In doses of from 1-30 to 1-6 of a grain, the tartar emetic increases the activity of the secretions and excretions of the skin, lungs, kidneys, intestines, and is indicated to a host of diseases, such as catarrhs, rheu-

matic, eruptive, and inflammatory fevers, active inflammations, especially of the respiratory apparatus, pulmonary and bronchial catarrhs, and blenorrhagias; affections of the liver and biliary ducts; acute rheumatism, erysipelas, etc.

Cold Water.—The limits of this article, notwithstanding the importance of the subject, will not permit us to give the details in relation to the use of the agent. M. Hauner refers constantly to articles on the subject previously published, and which we are not in possession of. We can only remark that he employs this agent according to the principles of hydrotherapy in many diseases, and with great success; such as typhoid affections, croup, the dermatoses, scrofulous affections, rickets, diseases of the nervous system, ect.

Cold Baths; Injections.—These are daily used in a great number of affections, the baths and injections being either simple, medicated, or nutritive; these latter being composed of froth and the yolks of eggs. In general the indications have nothing special which is not well known; but M. Hauner employs these means much more frequently than most practitioners, and he extols them excessively.

M. Haunér says nothing of embrocations, sinapisms, and blisters, as he rarely employs them.

Although the preceding article deals in many facts which are already measurably known, we have not hesitated to thus give it at some length It is a summary of the habitual practice of one of our greatest German specialists, who from his position, at the head of a great infantile hospital, is well able to pronounce on the real value of medicines. With this view we give the article entire.—N. O. Med. and Surg. Journal

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PERISCOPE.

The Assimilative Qualities of various Fatty Bodies. By M. Berthe. (Journal of Pharmacy.) M. Berthe, (Comptes Rendus, May 12, 1866) in a series of experiments on fixed oils, has ascertained that they vary considerably in their capability of assimilation when taken into the stomach. He tried butter, olive, poppy, almond and whale oils, English cod liver oil and pure brown cod liver oil. Each of these were administered to one man in good health and under a regular diet, in doses increasing from one to two fluid ounces daily. By exact daily determination of the quantity of oil in the fæces, he ascertained the time requisite to arrive at complete saturation, when the whole of the fatty body was excreted. It was twelve days for the poppy, almond and olive oils; about a month for the butter, whale oil and discolorized English cod liver oil, and a month's use of the brown cod liver oil caused no perceptible increase in the fatty matter of the excrement. He therefore divides the fatty bodies into three classes;

1st. The difficulty assimilable, (vegetable oils.) 2nd. The assimilable, as butter, whale oil, &c. 3rd. Very assimilable, brown cod liver oil.—*Chemist.*

The Treatment of Ague by Iodide of Potassium. By E. F. Zankey.—Ever since I have resided in this village, (now five years,) I have been dissatisfied with the usual treatment of ague by quinine, as in some cases the disease yielded to that remedy, and in others did not. But I could think of no other treatment likely to be successful, though I tried many, including arsenic, till, some three years ago, I read in a number of the *Medico Chirurgical Journal*, (I forgot which,) that the German pathologists considered that the congested spleen (ague cake) was the cause and not the effect of the disease; and I remembered that Dr. Williams had written on the efficacy of bromide of potassium in such a lesion; but not having that drug in my surgery, I determined to try the iodide of potassium instead, in the next case of ague that came before me, intending, if that failed, to procure the bromide. But I am happy to say that the object of my writing is to state to my professional brethren that I have used the iodide of potassium now in considerably more than a hundred cases, and have never yet failed in curing the disease very quickly. In some cases, where the disease has been of long standing, and the patient very much reduced, I have added a grain or two of quinine to each dose of the iodide of potassium; but my general prescription has been for an audult: R.—Potass. iodid., 3iss; aquæ menth. pip., 3xj. M. Coch. Mag., ij. 4ta quaque eora sumend. So that there could be no doubt what was the remedy that cured the disease. In proof of the value of this drug, I will only mention one case out of all that I have thus treated.

Mrs. Smith sent for me early last month, having suffered from tertian ague, off and on, since September. Not being in very good circumstances, she went to the clergyman's wife of the parish in which she resided, who very kindly gave her some quinine, telling her it was no use sending for the medical man, as he must give her the same remedy. However, not getting well, she sent for me. After hearing what I have related, and finding she had a tolerable pulse, her bowels open and motion healthy, with a clean tongue, I sent her nothing but the above mixture; and she never had a return of the ague after the second she took of it.

I shall be glad if, by inserting this letter, other medical men will try this remedy, and report to you their experience.—*Association Medical Journal.*

Case of vomiting for forty years' duration. By Jacob Bigelow, M.D. A lady, now 79 years of age, has been at times under my care for the last 20 years. She reports that at the age of 39 or 40, she had a severe fever, on recovering from which she found herself unable to retain either food or liquid upon the stomach in any considerable quantity. She is confident th during the whole period of forty years, she has ne er re-

tained a meal, but has vomited regularly at least three times a day. If she eats or drinks in irregular or intermediate hours, the material received is always thrown off, even if it be only a cup of tea or of water. The vomiting is easy, and without pain or great effort. The matter thrown up consists of the ingesta, having usually an acid taste. There is no bile, except during the presence of some temporary indisposition. She takes her food with relish, and in most instances throws it off quickly, being often obliged to leave the table abruptly for that purpose. If the vomiting is not complete, she occasionally drinks warm water to promote the evacuation and relieve uneasiness, especially at going to bed. She is confident that she ejects as much as she receives, but her daughter, who resides with her, thinks it may be three quarters as much. This last supposition is undoubtedly nearest the truth, and would leave for her support one quarter of each meal taken.

She is now in her eightieth year, having led an active life, in the enjoyment of a competent degree of health, except an occasional attack of acute disease. She has four times had severe erysipelas, attended in two instances with considerable sloughing. She has had dysentery more than once. Last spring she broke the os humeri and had an abscess in the shoulder. She is now in the enjoyment of fair health, the functions duly performed, and has made a journey of a hundred miles within a few months. She is confident that for the period which has been stated, including one half of her life, she has never retained a single meal.

I never found any tumor, effusion or tenderness on pressure in or about the epigastric region, except the occasional effects of acute disease as above mentioned. Her habit has been generally spare, but otherwise her appearance, spirits and bearings are those of a person who has been benefitted, rather than injured, by the smallness of the nutriment left for her support.—*Boston Medical and Surgical Journal.*

Glycerine : prompt Cure of chronic Eczema by Means of, in Union with the Soot of Wood.—To the facts which prove the efficacy of glycerine as a medicament we add the following-published by M. Bougard:—A young man, about thirty years of age, had been for several years afflicted by a chronic eczema, which attacked almost the entire body ; but which appeared with great intensity on the legs and feet. These parts were the seat of intolerable itching ; the skin was red, excoriated, and covered with slight crusts. Various remedies had been tried without success. M. Bougard tried the effect of wood soot, which he had occasionally found succeed in similar cases ; the use of a decoction applied as a lotion, and of a pommade seconded by action of two or three purgatives in the week, produced some amelioration, but the treatment then came to a stand. Thinking that wood soot would act better if mixed with wax, he ordered it in this form ; no improvement followed. The continued purgatives had re-established the digestive functions ; the patient's strength had gradually improved, but the disease remained in the same state. At length, after four months' trial of this treatment, M. Bougard commenced the use of glycerine, which produced a slight amendment,

He had next recourse to a mixture of the two, glycerine and wood soot in equal weights. This he tells us had an astonishing effect. After fifteen days of its use, the eczema was almost cured, and the cure proved medical. The author has since made use of this mixture in the treatment of chronic eczema around the ears and in other localities, and has obtained very advantageous results.—*Journ de Med. de Bruxelles, Sept.* 1856.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

GOVERNMENT PATRONAGE OF MEDICAL SCHOOLS IN CANADA.

A political economist in the neighbouring republic recently made a number of strange calculations to establish the somewhat singular and original proposition that, considered merely in the light of consumers, free human beings, male and female, the child, the adult, and the senile, were the best and most profitable kind of stock that could possibly be introduced into a new country. We have seen this writers's views adopted and brought forward by those in the United States favorable to increase of population by foreign immigration, as a powerful argument against the suicidal policy of "Know Nothingism," which, by the unmanly secrecy of its operations, and its virulent intolerance of everything not "native American," would tend to turn the tide of immigration and drive the hardy settler to other and more friendly shores. If it is a matter of great import to any state, then, that this valuable species of stock be freely introduced, it is of equal importance that when introduced it should be properly cared for by the authorities. For putting aside for the present the moral obligations which rest on all Governments to adopt such measures as may be necessary to conserve the health, prolong the life and augment the happiness of the people over whom Providence has placed them, and looking at the subject from a simply commercial point of view, it is obvious, that if each human unit represents a certain definite amount and is worth so much to the State, then is it the proper policy of the State not only to increase the number of such units, but also to prevent as far as lies in her power the loss of those she already possesses. Now, there are few facts more susceptible of demonstration than this, that the present high average of life which is

so great an advance on that of those periods in the world's former history, known by croakers as the "good old old times," is entirely owing to the efforts of members of the profession of medicine. It is their unwearied and successful investigations into the laws of health and the laws of disease; their discoveries of the noxious influences that impair health, the circumstances and combinations of circumstances that increase the mortality of individuals and communities, which have furnished material for the basis of all modern hygienic improvement. It is their persevering advocacy of sanitary reforms, aided by a skilful use of the knowledge relating to such subjects that has been gradually accumulating in the records of medicine for centuries, that has aroused the people, and with the people the various legislative and municipal powers in Europe and America, to a sense of the importance of the teachings of sanitary science. And not one iota of the honor of this can be awarded to quackery; for the names of those who have labored to advance the science of medicine, and with it a knowledge of all those causes which affect human health and life, are to be found in the ranks of legitimate medicine. They have invariably been highly educated physicians. Such being the case, it does not require any lengthened argument to prove that medical science ought to be encouraged, and a high standard of medical education established by the authorities in every country, more particularly in States of recent origin. For in these, living human beings, blessed with health and strength, form too great an element in their success, not to deserve at their hands the most careful consideration. A great mortality would, at any time, destroy a considerable amount of this funded capital of a State. Therefore should it be well looked to, that facilities be provided for the thorough education of the student of medicine, as on him will hereafter devolve the care of the lives of the population. And here we would ask, what is the Legislature of Canada doing for the promotion of a sound and thorough medical education in the Province? In an article published in the *Hamilton Journal and Express*, and which formed the basis of a few remarks in our last number, on the medical schools of Canada West, the writer informs us, that after the University of Toronto had been wrested, in the year 1849, from the Anglican Church, the medical school in connection with it flourished for the space of two years; the chairs being liberally endowed. Dr. Rolph, who has always been an active politician, and a person of influence in the Councils of the Radical party, managed during the Session of 1851-2 to have the endowments of the medical chairs of the University swept away and the Faculty of Medicine placed on the same footing as those of other Universities and the teachers

in Incorporated Schools. The consequences of this act of the Legislature were the retirement of the Professors and the entire disruption of the school. Notwithstanding the beauties of the self-sustaining system, and its accordance with the spirit of our institutions, (according to its admirers), our friends in Canada West, now find themselves without a good school of medicine. There is not one now in existence in that section of the Province which can command their confidence. We find them asking the question, therefore :—"Is Upper Canada to have a Medical School, and if so, is it to be on the precarious self-sustaining system, or are the chairs to be liberally endowed?" Certainly, we answer, Upper Canada ought to have a school where her *élèves* of medicine could receive a thorough training in all that pertains to the science and art of their noble profession. That the chairs should be liberally endowed, however, so long as the Medical Faculties in Lower Canadian Universities have a miserable pittance yearly doled out to them, is a question to be considered. We are not opposed to endowments. On the contrary, we believe that it is a duty incumbent on Government to place the medical chairs of Universities on such a footing that able and efficient teachers may receive proper remuneration for their services. But that the Medical School of Toronto University should be liberally endowed whilst that of McGill College, the most successful school in the Province, with a staff of nine Professors, a Demonstrator of Anatomy, and a Curator, receives but £250 per annum, would be highly unjust. Some time after its formation, the Medical Faculty of McGill College received a yearly grant of £500 from the Legislature. This sum was subsequently reduced to £250 when the present Incorporated School of Medicine was established, the remaining £250 being allotted to that body. And it now appears to be a settled question that every school which starts into an ephemeral existence must receive £250 from the public coffers. Notwithstanding the difficulties which have surrounded the Medical Faculty of McGill College as a self-supporting body, it has nobly achieved for itself a fame second to that of no other Medical School on this continent. In Great Britain and Ireland, at the Examining Boards of the various Colleges and the Army Medical Board, the McGill diploma of M.D. is highly respected and the student of McGill is known for the thoroughness and completeness of his professional education. "I have heard," says our respected contributor, Dr. Henry, Inspector General of Hospitals, H. P., "the Director General of the Army Medical Department, express his approval of the system of medical education here, and say, more than once, the young men trained in McGill College, were amongst the most promising of the medical officers under his su-

perintendance." The graduates, moreover, scattered through various parts of the Province have so distinguished themselves as successful practitioners, and so maintained the honor of their *alma mater*, that McGill College is loved and honored no where so well as in her own country. We can speak freely on this subject, for all the honor of placing McGill College in this eminently satisfactory position is to be awarded to the older members of the Faculty, men, who for years have labored with a zeal which an ardent love of their profession could only inspire, and whose reward must have been chiefly the pleasure they experienced in sending well educated men of their own training into the profession, for the small pecuniary amount which they received, (and do now receive), could never repay them for the time and labour bestowed on their lectures.

The legislature cannot in justice entertain the prospect of resuscitating and endowing the defunct medical chairs of one University, while there are others in active existence, battling against all odds and achieving success in spite of adverse circumstances. No: if endowments are to be granted, three Universities should equally participate in the benefits, Toronto, McGill, and Laval University. If all three were now in good working order they would be quite sufficient for the wants of the Province. Their liberal endowment, moreover, would be a death-blow to the present pernicious system of distributing government patronage, by which encouragement is held out to all in the profession wishing to obtain notoriety, to affect their purpose by starting a medical school. The government grant of £250, which is certain to be obtained, suffices to pay expenses of management, &c., and thus places them beyond the possibility of a loss. So mischievous are, in our opinion, the tendencies of this system; so detrimental to the best interests of medical education in the province, we would willingly see it at once and forever abolished, and each school left to its own unaided efforts.

INQUEST ON A PHYSICIAN.

It is with great regret we announce the death, by his own act, of Dr. Clarke, late House Surgeon of the Toronto General Hospital. He appears to have been highly esteemed, by those who were acquainted with him, "as a man and a friend." The enquiry into the cause of his death took place before Dr. Hodder, Coroner, who, addressing the jury, observed:—"That they had a sufficient amount of evidence to prove certain facts, a knowledge of which was essential to their arriving at a just verdict. In the first place, it had been shown

that Dr. Clarke labored under a disease which was described by various authors and known as oinomania. A very small quantity of stimulants taken by a person laboring under this disease, was sufficient to affect them in a way that a man in health would not be affected, and paroxysms or attacks were followed by great depression of spirits, and a desire either to make away with themselves or commit some desperate acts towards others. It was clear, from the evidence, that such had been, unfortunately, the result, in Dr. Clarke's case. He (the Coroner) knew of his own knowledge that for these paroxysms Dr. Clarke had tried various remedies. He had himself seen him take large quantities of opium in order to obtain relief. When these remedies failed, he had, no doubt, had recourse to a glass of liquor which, would temporaraly relieve him, but terminate in great depression of spirits. His conversation on the day of his death showed clearly that he was not in his right mind. The statements, for instance that he was going to take charge of a nunnery, that he was going to his brothers', and that he had not received his pay. As respected the latter assertion, he (the Coroner) was informed that very day Mr. Brent had gone down for the purpose of paying him and the other servants their months salary, and he refused to take his."

The jury returned a verdict that the deceased came by his death from the effects of a dose of prussic acid, taken while laboring under temporary insanity.

Good opening for a Medical Practitioner.—In consequence of the death of an old subscriber of the *Chronicle*, Dr. Degel, South Monaghan is now destitute of a physician, and the inhabitants are eager to obtain the services of one. According to the statement of the resident Post master, who has addressed us on the subject, South Monaghan is situated about mid-way between Port Hope and Peterboro, being distant 14 miles from the former, and 15 from the latter. The surrounding country is beautiful. The main road is well gravelled, and a stage coach passes through to the two above mentioned towns daily. The practice is worth £400 per annum. The population is entirely protestant. The late Dr. Degel's " handsome house and four acres of land attached, with new barn, stables, &c., are to be let at present." Mrs. Degel will give immediate possession.

BOOKS RECEIVED FOR REVIEW.

Smith's Operative Surgery. Second Edition. 2 vols. 1856. From Messrs. Lippencott & Co., Philadelphia.

Transactions of the American Medical Association. Vol. 9. 1856. From Messrs. T. K. & P. G. Collins, Philadelphia.

Holland's Medical Notes and Reflections. From third London Edition. 1857. Bartlett on Fevers. Fourth edition. 1856. From Messrs Blanchard & Lea, Philadelphia.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 30th October to the 3rd December, 1856.

	Men.	Women.	Children.	Total.
Remained,	44	10	0	54
Since admitted,	17	11	0	28
	61	21	0	82
Discharged,	43	11	0	54
Died,	2	1	0	3
Remaining,	16	9	0	25

DISEASES.

Fever,	2	Hernia,	1
Inflammation of Lungs,	2	Calcul. Urethra,	1
Rheumatism,	6	Pregnancy,	5
Syphilis,	2	Erysipelas,	1
Hysteria,	1	Phthisis,	2
Neuralgia,	1	Destitution,	1
Scarlatina,	3		

C. E. LEMIEUX, House Surgeon.

(*To the Editors of the Medical Chronicle.*)

GENTLEMEN.—Would you permit me, through the medium of your valuable journal, to request the house surgeon that when an operation is to be performed at the Hospital, he would, after having obtained the necessary information from the attendant physician, have a notice posted up in the college either on the morning of the day, or the day previous to that on which the operation is to take place. At present some students who attend at the visit and leave immediately after, thereby lose the opportunity of being present at operations, some of which, indeed, are seen only once in a life time. This is the plan pursued by the Edinburgh school of which we are, I trust, a prototype. I doubt not our worthy house surgeon, Dr. Craik, will be most happy to see this little act of duty performed, when he is conscious that it is the wish of most of the attending students.

Yours truly,

MEDICAL STUDENT.

A CHRISTMAS JINGLE.

The great coats hung 'gainst the white-wash'd wall,
And loud grew the mirth in the college hall,
For the medical student was blythe and gay,
A drinking his grog and a smoking his clay.
His books in a heap were thrown on the floor,
And he with his pals voted study a bore,
For his comrades were all of them jovial blades,
The dread of police, but delight of the maids.
Oh! the student so gay!
Oh! the student so gay!

They sang in their room and they snored at the class,
They adjourned to a tavern and lifted the glass;
At night they emerged when their wits were set free,
They broke all the lamps and got lost on the spree.
The peelers in numbers encircled them round,
And our heroes though valiant were brought to the ground;
They were sought for that night and were sought for next day,
And were all found in *quod* with the devil to pay.
Oh! &c.,
Oh! &e.,

But years have flown past and the time comes that he,
By his friends is expected to get an M.D.,
M.D., for *mad* dog 'tis he's wanting for sure,
It can scarce be a warrant to kill or to cure.
At length an old chest that had long lain hid,
Was drawn from a corner—he rais'd the lid,
And the skeleton form that lay mouldering there,
He hung by its head to a nail near his chair.
Oh! &c.,
Oh! &c.,

He studied by day and he studied by night,
He studied right hard with his main and his might,
But his mind was dist urbed with most horrible fears,
That a month was short time to make up for three years.
At last comes the night that must usher the dawn
Of the day of ordeal—the long dreaded morn—
And still we may see him pore over his books,
With fear in his heart and despair in his looks.
Oh! where is the gay student now
Oh! &c.,

The time passes quickly, the night grows apace,
And the later it grows—longer still grows his face,
He drinks off his grog, failing courage to mend,
He's terribly funky! his hair stands on end;
His hands to his head try to keep in his skull
His wits—which I fear me, are gathering wool,
He cries, while he stamps with his foot on the floor,
It wants "dear, oh dear, only seven hours more."*
Oh! where is the gay student now!
Oh! &c.,

[*From the Examination Hour—The above parody is the handi-work of a former McGillite. A few days ago it turned up among sundry other reminiscences of our pupillary stage, where, in the words of its great prototype "it had long lain hid." Shall its author be told or *shall-e-not*? Echo answers CHALLENOR.—EDS. MED. CH.]

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXVIII.—*Therapeutical Contributions.* By WM. WRIGHT, M.D., L.R.C.S.E., Professor of Materia Medica, McGill College; Physician to the Montreal General Hospital, &c.

(*Continued from page* 290.)

Reverting to the position, previously maintained, that anti-syphilitics were only suitable for regular syphilis; I shall now proceed to point out the outward manifestations which, when afforded by disease of this kind, serve as reliable suggestions for the right use of these agents.

In strict correspondence with the stages of the disorder, as conventionally received, the indications for the remedy are, necessarily, of a triple order: primary, secondary, and tertiary.

Primary.—These are denoted by simple chancre and also by the areolar, indurated phagedenic, Hunterian, ulcus elevatum, persistent, and "blue nob." For, the six last named are, I believe, all varieties of the simple type and proceed, merely, from a disproportion in the different actions which may be observed in it. The areolar, when the exudative (fibrinous) action is unusually active in the circumference. The indurated phagedenic, when this reaches such a degree that the subjacent vessels are compressed, and the contained ulcer is deprived of its proper nourishment. The Hunterian, when the same exudation extends beneath the ulcer as well, as round the edges, causing the sore to appear as if it were set in a cup of cartilage. The elevated, when during reparation the granulations are more or less raised above the level of the surface. Persistent, when there has been a tendency to reproduction of ulceration after cicatrization has occurred, or when the ulcer enlarges on one side and heals on the other. Blue nob of Mr. Colles, when the new cuticle becomes so accumulated as to appear like a mucous tubercle. In every one of these species of chancre, anti-syphilitics may be properly employed. They may also be used in the ulcers of irregu-

lar syphilis after the removal of inflammation, phagadena, sloughing, &c., each by its own appropriate treatment; for this subtraction leaves, as was before explained, a relict answering to some of the regular characters above given. A necessity for these medicines is also created, in primary syphilis, by bubo. They should be confined to its indurated or ulcerated periods; because they are objectionable in the intervening stage of suppuration. It is well, when the latter is inevitable, to stop their present exhibition, for they are, usually, nugatory in effect during its continuance. If administered for maturating bubo, they will occasionally, though, in my experience, very rarely, cause the swelling to terminate in resolution; far more frequently, the enlargement proceeds; the skin acquires a rose brown color, gets rough and wrinkles; the local feelings increase, softening advances, fluctuation is perceived, and soon after pointing, and with it a change in the redness to a distinctive florid tint—evacuation is not distant, and when it ensues a considerable quantity of, apparently healthy, pus finds exit. This process is rather a slow one, and by interrupting the remedy, during its establishment, while we withold what would be nugatory, we likewise avoid medicinal accumulations which, gathering strength by the delay, might prove very prejudicial:—after the bubo has opened, anti-syphilitics should be resumed and they will then act upon the ulcer, into which it has been converted, as if it were an ordinary chancre, and as equally well as if they had been persevered in unremittingly. They may be employed in bubo either consequent upon any of the foregoing varieties of primary sore, or in that which is *d'emblée*. The consequent bubo usually presents itself during the second week of chancre—ere which, perhaps, anti-syphilitics will have been given, so that this additional symptom will make no difference in the treatment. If the remedies have been delayed and bubo appear, this occurrence is to be understood as creating a still stronger reason for their employment than existed before.

Secondary.—Are seldom attended to until the prodroma have passed away and the characteristic effects of secondary syphilis have ensued. They are indicated in the peculiar affections of the mucous-membrane within the month; in the white patches, ulcerations, enlargement of the tonsils, and other signs of sore throat. In syphilitic iritis, or more properly, ophthalmia, for the inflammation invades the sclerotic, cornea, conjunctiva, &c., as well as the iris. In skin affections whether the eruption be simply exanthematous, or squamous, or papular, or pustular; in rhagades, eczema, and mucous tubercles. It is very encouraging to witness the rapidity of the decadence, of these various affections of the surface, under the action of their appropriate remedies:

perhaps in none does this event supervene more quickly than in condylomata or their modifications; and here, *en passant*, it may be remarked that these formations are not, as is currently reported, confined to the natural flexures or opposed surfaces, for in a case seen by me, in the Glasgow Infirmary, they were present in the mammillary areola, and were the more singular from looking like exaggerations of the enlarged follicles that denote pregnancy. The time at which anti-syphilitics may be required, for the removal of secondary symptoms, is commonly 2 months; although it has been abbreviated to 8 days, and retarded to 18 years, owing to the influence of various causes, as constitution, cold, medicines: and under the latter designation, even the specific cures themselves may be comprised. Acton, the expositor of Ricord, says, if a primary sore gets well without mercury and the patient does not suffer under secondary within six months they never will occur; but if the sore have been treated with mercury, they may appear at any time, even after years, or the patient may escape secondary altogether, and after many years of immunity have passed away, the tertiary form may break out. This observation is not, however, borne out by other writers and can only apply to cases in which mercury has been foolishly administered.

Tertiary.—Anti-syphilitics are indicated in sore throat, either inflammatory or ulcerated. In ulceration of the eyelids. In rupia. In simple syphilitic sarcocele; osteocopes; periostitis; ostitis; gummata; incipient disease of the nose, palate or larynx. And in cachexia. These statements are to be received only in a general way, and not without qualification. Thus, in sore throat, anti-syphilitics may prevent the peculiar erysipelatous inflammation from running into suppuration, and are useful accordingly; but not so if there be an abscess, for they are powerless in retarding its course, or combating the extensive disease that then prevails in the submucous cellular tissue, periosteum and bone. In the excavated tawny ulcer, they are also often unavailing until a portion of carious or necrosed bone at the bottom, is first removed; when however this is accomplished, closure of the breach generally ensues speedily. The lessons taught by the preceding are confirmed by an observance of the influence of the remedies, when the bones and their investures are, elsewhere, implicated. For example, anti-syphilitics afford great relief to those pains called osteocopes; characterized by being usually fixed, sometimes migratory, acute, lancinating, boring, gnawing, incessant, worse at night, and referred to the surface or interior of subcutaneous and tubular bones;—aches like these are relieved by these agents in a manner such as "not poppy

nor mandragora" could approach: and they are equally soothed whether of a rheumatic nature or more decidedly inflammatory; whether periostitic or ostitic. Again gummata, or soft swellings that are the result of periostitis, are discussed and removed with celerity. But on the other hand there are many products of inflammation, especially, seated in bones and of a chronic or sub-acute type, that are not amenable to anti-syphilitic power: they consist in changes of structure and are hopelessly irremediable, under any medicinal method of cure, such as hard nodes, exostosis, spina ventosa, friability or fragility, caries, and necrosis; of these some, as exostosis, may perhaps be taken away by mechanical interference, others, as caries, may exhaust themselves, when, by comparison, favorably seated—as in the nose, where the morbid action usually ends, after the spongy bones have been destroyed. And lastly, although in a third class, as necrosis, medicines may be impotent in battling with the destruction after its establishment, they may in a more initiatory stage be of the greatest value by preventing the lesion's developement—by arresting the preliminary inflammation of the osseous particles or their periosteum or adherent mucous-membrane. Anti-syphilitics are not demanded at any fixed time, for tertiary symptoms, because the latter supervene, at irregularly distant periods, from the primary disorder.

Anti-syphilitics have a yet wider range of application; owing to the common diseases, an infected individual contracts, participating more or less in the syphilitic character, if not openly, at least so truly, as to demand these remedies for its removal. Many of the affections of the splanchnic viscera, and other internal parts, partake of more or less taint in those who have once been thoroughly imbued in syphilis; and in such cases anti-syphilitics are strongly indicated.

The great utility of a correct appreciation of the powers of anti-syphilitics is strongly attested by history. After the siege of Naples, it is well known that, syphilis experienced an alarming aggravation. Ruy Dias de Isla, as quoted by Hennen, writing in 1550, rather more than half a century afterwards, says, there was no town in Europe, of 100 inhabitants, where there were fewer deaths than 10, which made about 20 per cent of those diseased, for so demoralized was the age that 50 out of the 100 were diseased. An earlier writer, Ulrich de Hutten, says, hardly 1 in 100 were perfectly cured, as the disease returned on them; and as an example of its inveteracy, he instances himself in whom the disease recurred after eleven salivations! Similar instances of malignity or obduracy are not to be found in the 19th century; and,

in this era, a death from syphilis has never been known to have occurred, in any case, where proper treatment has been pursued.

In the administration of anti-syphilitics, certain general circumstances require to be attended to: necessarily they are not numerous, as each agent requires its own code of laws, and the latter can only be fitly set forth *in loco proprio*. They may be stated, aphoristically, as follows:—

1. Anti-syphilitics are to be administered until the system evinces their specific action; in other words, till they cause a characteristic local disorder.

2. They are to be given in small doses, repeated two or three times a day, and a few hours after meals.

3. After the occurrence of their local disorder, they are either to be administered more sparingly, or to be suspended, because the benefit is not proportioned to the amount of derangement they produce.

4. In case of their suspension, eliminatives are to be used, and the best are iodid potassium, ant. tartr., or salines—they are to be continued until the cure is complete.

5. No topical remedies should be used, to the local affection, capable of changing its aspect, in order that it may serve as an index of the extent of general anti-syphilitic influence exercised.

6. Their curative effects are favored by rest from employment, and a light animal diet; a patient who pursues his out-door avocations, and at the same time lives freely, is with difficulty brought under their agency.

7. If they create gastro-enteritic irritation, they are to be given in smaller doses or in conjunction with opium or hyoscyamus.

8. They are to be interrupted during suppuration, but resumed upon the evacuation of the pus. This process offering an impediment to their action.

Anti-syphilitics are not to be used in any of the forms of irregular syphilis:—in inflammation, phagadena, gangrene, &c. Nor in persons of a well marked scrofulous or arthritic diathesis; nor in invalids suffering from any debilitating cause, as scurvy, inanition, &c.; nor in those labouring under pulmonary consumption, diabetes, or other incurable diseases; nor during the presence of general fever; nor in subjects labouring under spanœmia. Lastly, they are improper in caries, necrosis, and other pathological states that admit of no medicinal alleviation.

Almost every article in the materia medica possessing any sanative power, however humble, has on one occasion or another been tried in syphilis. The class of proved anti-syphilitics is nevertheless a small one.

The substances, commonly, used as such are mercury, iodid potassium, gold, antimony, mineral acids, guaiacum, and sarsa.

Mercury.—A long and violent controversy has existed about the antisyphilitic virtues of this agent. And as is usual, in human disputes, men have warmly espoused opposite extremes of belief. At one period, mercury was considered to be indispensable in syphilis; at another, that every form of this disease could be cured without it. An undue persuasion, of the truth of the first opinion, led to the extravagant use of the mineral; and an equal conviction, of the sureness of the second, to its utter neglect. Boerrhave directed, that for the cure of syphilis, four quarts of saliva should be spat daily for six week, after which a gentler salivation should be maintained for six weeks longer: at the same time the patient was huddled in bed, envaulted within heaps of blankets, caged in the smallest room, and stewed, under hot baths. On the contrary, Morgagni, during the eight years he was a student at Bologna, never saw a physician use an atom of mercury. These are clearly examples of abuse and of non-use of the remedy; and as may be expected, both systems were productive of evil:—under the regime of abuse, some culprits preferred death to the cure, while others in seeking a cure encountered death;—under the sway of non-use, syphilis had become a kind of family property, in which, the sins of the fathers were visited upon the children. At the present day, mercury is either used moderately or not at all. While the evils of the first error are thus removed, those of the second continue. But, in order, to determine upon the real merits of the two sides, the following advantages, of each, should be known.

Without mercury,—1. Syphilis is removed in a shorter time; the duration of the symptoms is greatly abbreviated. This is fully established by extensive experiments conducted, by Dr. Fricke, in Hamburgh General Hospital, and by a report of the French Council of Health, in 1838, founded on the observations of Surgeons, of Regiments and Military Hospitals, in various parts of France. In Hamburgh the mean duration, of cases treated without mercury, was 51 days; and of those with a mild mercurial course 85 days. I must here observe that this extreme intractability, under mercury, has never yet been witnessed by me in Canada—the usual duration of cases here being from 4 to 8 weeks: and I believe surgeons, elsewhere, have met with a similar experience. In France the cure by mercury was ⅓rd longer, than by any other treatment—thus confirming the proposition in its general statement. 2. The proportion of relapses is less after simple treatment, than after the mercurial. The report of the Council of Health of Sweden for 1822, records that half of 40,000 cases were treated without mercury and the

remainder with this substance. In the first class, the number of relapses were 7¼ in 100; in the second 13⅔ in 100. Dr. Fricke also says, relapses were most frequent, and the secondary symptoms more severe when mercury was given.

The advantages of the mercurial treatment are these: 1. The person is at the end of the cure in good health, if not in better than he had before; indeed patients have been known to grow fat while using the medicine, contrasting very favourably with those who have been treated without it. The non-mercurialized being infinitely the worse in health; owing to the cure without mercury, entailing, as Mr. Colles says, confinement to room, perhaps to bed for weeks, low diet, antiphlogistic regimen and debilitating medicines, and when all is done the person looks as if he had been whitewashed,—meagre and wretched. 2. Mercury cures syphilis. The symptoms may be removed as we have before seen, without it: but they are not cured. And all our views serve to show that syphilis depends upon a particular poison, which retains its virulent effects until controlled by an antidotal power: Gamberini also says, all experience goes to establish that mercury is the true remedy for syphilis. Its occasional failure, in preventing recurrences, is to be referred to the ignorance or unskilfulness with which it has been used. 3. In primary syphilis, if properly given, it may prevent the occurrence of constitutional symptoms. According to the late Sir George Ballingall, the British army reports show that, without mercury 1 in 20 have secondary syptoms, with mercury 1 in 55 cases. It is however uncertain and it has failed, but then again it offers a chance and may be successful. Much depends upon the mode of employment: its abuse increases both the frequency and severity of consecutive results, while its use is attended with the very opposite effect. Before 1814, in Sweden, the system was inundated with it, while the local sore was open, and secondary symptoms occurred in 54 per cent of the cases treated; after that period, however, it was given discreetly, and only 6½ per cent of secondary cases occurred. In Stockholm there were formerly 6 venereal hospitals, now there is but one. 4. In the consecutive disorder it destroys the syphilitic condition of the blood. Mercury has a specific power over the colouring matter. Dr. Farre knew a full plethoric woman who in six weeks was blanched by it, as white as a lily. Again its action on the spissitude of the blood has long been recognized; Huxham said it "will turn the whole mass of blood into a mere watery colluvies." It diminishes the proportion of fibrin to serum; and according to Dietrich "the formation of albumen and mucus sinks to that of serum." These effects are observable from its use under ordinary

circumstances; and from the close correspondence they have to those induced by antisiphylitics, generally, we are not only strengthened in the truth of what has been before said upon the modus operandi of this class of agents, but also that mercury is, appropriately, a most suitable member. The antisyphilitic action of mercury is, then, in strict conformity, or unison, with its general action as an hœmatic agent. 5. It prevents syphilis from being hereditary. Mr. Hunt has ascertained that, from the non-mercurialization of syphilis, there has been "a fearful increase of heriditary syphilis in every rank of life, in both sexes and at all ages." Admitting the bear possibility of spontaneous emancipation, from syphilitic bondage; the time required is very protracted, indeed indefinite, and most likely will not occur till long after the procreating period has passed: it is of the highest importance to parents, therefore to resort to the protection of the medicine, rather than idle in dalliance with uncertainty. As, then, without interference, the disease will be transmitted from generation to generation—"what a heavy responsibility rests upon the medical man" who withholds the proper remedy.

The disadvantages of the use are necessarily the advantages of the non-use and vice versa. And I think, upon comparison, there can be no hesitation in deciding upon the preference in favor of mercury.

Several cautions deserve to be remembered in prescribing mercury as an antisyphilitic. By immoderate use it will give rise to various evils—principally as follows:—1. It will debilitate and evoke scrofula. 2. It may induce profuse ptyalism with ulceration and sloughing of the mouth. 3. Violent purging. 4. Erythema and other skin diseases. 5. Erythism denoted by anxiety in the prœcordia, a small intermitting pulse, pale contracted features, langours, shivering, difficult breathing and death. These effects, however, are never observed after its cautious use, except, in some very rare cases, where there exists a peculiar idiosyncrasy, or else susceptibility created by particular diseases as Bright's kidney, &c. Mercury again by indiscreet or too long use is apt to produce a state peculiar to itself, and yet imitative of the symptoms of the original disease. Marked distinctions, however, subsist, and may be recognized by a skilled observer. As an example, take a syphilitic and a mercurial sore, as they appear on the penis, groins, or throat, and the following differences will be found, clearing up the diagnosis, as Mr. Porter has pointed out. Mercurial sores are irregular in shape, and in spreading assume different forms; syphilitic are circular or oval. The edges of the mercurial are often ragged, loose and undermined, instead of being regularly defined, and their borders are often marked with a thin transparent cuticle, giving them a silvery white appearance. The mercurial has no indurated

basis, its surface is sloughy at one spot, deeply excavated, and rapidly ulcerating at another, with exuberant granulations at a third, and exhibiting a tendency to heal at a fourth. Mercurial sores again spread quickly, and they may attain almost any size. They often appear upon the cicatrix of a recently healed chancre, and they heal in one part while they extend in another. The syphilitic, on the contrary, have no silvery areola, are always more or less indurated, have a uniform surface caused by adhesion of tenacious lymph, do not re-open after being healed, except by some accidental injury or re-infection, after attaining a comparatively small size they are stationary, and they do not heal and enlarge at the same time.

Mercury, moreover, will not, at all times, and in all stages, produce its expected effects. If these do not supervene by the end of the third week, it should be suspended. Frequently now, by the use of a warm bath, or by a purge or two, the gums will become affected without the use of additional mercury, and this is safer practice than to persist in continuing the remedy, for from the latter plan there is a danger that suddenly its power may burst with explosive violence on some particular part, as the mouth, bowels, &c. If, after a few days no effect is produced, the mercury may be resumed, and, as a rule, it will not require to be repeated many times before a decided impression is manifested. Occasionally, instead of the usual salivation, I have only been able to procure a slight erythema of the throat, with fetor and metallic taste, and have found this to be as satisfactory as if gengivitis and salivation had occurred. Now and then mercury is prevented from acting by various causes, as its running off by the bowels, too gross living, plethora, febrile disturbance, &c., each of which requires to be understood and specially attended to. Besides the above charges, many others have been laid at the door of mercury; but they are groundless. When it was found that syphilis could be cured without mercury, it soon became fashionable to ascribe many of the ravages to it, which had, previously, been referred to the disease. And, as Dr. Christison properly observes, if we were to credit all that has been assumed by writers, there is not a disease in the nosology which might not be enumerated among the secondary and chronic effects of the medicine. There has, indeed, grown up a class, that might be called hydrargyro-phobists, who endow mercury with the same universal creative power, in disease, that Hahnemannists do to itch.

Mercury may be advantageously employed in the various forms and types of regular syphilis, in which anti-syphilitics generally are useful, and the remarks made upon the latter have a direct application to it.

In primary syphilis, mercury is specially demanded, because it destroys the syphilitic virus, and prevents its fixing itself upon the system ; so that admitting it takes longer to cure, the question of election is to be viewed from the point where the danger lies,and this is not so much in the length of time the sore is open, as in the certainty or not of its peculiar poison having been detoxicated. By non anti-syphilitics, the sore heals, and the live virus is received into the system ; but by mercury, both sore is healed and poison counteracted. Although all true forms of regular primary syphilis indicate the use of mercury, the remedy is to be looked upon as most imperatively demanded by those in which the greatest degree of induration is present. By general consent, it is most essential in chancres, that are hard, characterised by slowness of progress ; and as we recede furthest from these indications, we meet with others in which mercury is pernicious and therefore contra-indicated, viz.: those distinguished by softness, absence of former barrier, and rapidity of progress,—in short the irregular kind.

In secondary syphilis mercury is equally necessary. Mr. Acton, who, as will appear from former quotations, cannot be accused of partiality, says, "notwithstanding all that has been written against this mineral, it is the only remedy that can be depended upon in all cases, and so much am I assured of this, that I have seen the very men, who declaim most bitterly against it, obliged to have recourse to it after all other remedies had failed." We may take the same index of its degree of applicability, as in the former case, viz.: most beneficial when the disease is marked by fibrinous action, and least so when the crasis is suppurative. Hence, it is most serviceable in eruptions of a papular or scaly form ; and least so in those of an ulcerative character, such as rupia.

In tertiary syphilis mercury has been considered to be less advisable than in the other forms. The experience, however, of some of the ablest surgeons is still in its favour. Mr. Porter in speaking of diseases of the bones,—which are believed to be the symptoms wherein, of all others, it is least to be depended upon—remarks that when these evidences are the legitimate off-spring of the syphilitic virus, "they are curable by mercury, and by it alone," and it may be safely resorted to, if we find the symptom say, "a node remaining unaltered for a considerable length of time, and the patient neither wan nor worn, weak, pallid, or emaciated." This may be regarded as the most favourable case ; but the remedy may also be advantageously employed,even "when the system seems to have suffered to a considerable extent," if the affection be really venereal, without admixture or complication,—resorting to

the medicine more sparingly in accordance with the state of the system. Mercury is used in various ways as by inunction, administration, fumigation, &c. Inunction is the most ancient; it consists in causing the patient to rub in ʒi or ij of ungt. hydrarg. into the axilla or groin, night and morning, until salivation is produced. It was largely followed by the Arabians; but eventually fell into desuetude, as on account of the greater strength required, it was not adapted for weakly persons, and because "many were left in a state of great debility, and either fell victims to premature death, or were rendered feeble for the remainder of their existence." When inunction was abandoned, fumigation took its place; cinnabar in small quantity [ʒ—ʒi] was, nightly, thrown upon a heated iron, and the vapour allowed to come in contact with the skin and bronchial surface; but it was thought prejudicial to the lungs, and besides other inconveniences were felt which were deemed sufficient cause to reject the practice. Since then, these plans have at various times been revived and refallen into more or less disfavour. John Hunter was partial to the external treatment. At the present day the method by administration is that generally followed. The simplest plan is, probably, to prescribe either hydrarg. c. creta. or pil. hydrarg. gr. iij. to v., night and morning, till there is evidence of their action on the mouth. If under their use, the bowels become lax, a small portion of powdered opium, or compound chalk powder with opium, should be conjoined. When powders and pills are objected to, the blue pill may be rubbed up into an emulsion with almond milk. Other preparations that have been selected are calomel, bichlorid mercy, iodid and cyanid of the same base. I think for primary syphilis, the pil. hydr. or hydr. c. creta are most favorable, as they are more decidedly antiphlogistic:—for secondary, the bichlorid or bicyanid mercury, as more alterative; and for tertiary the iodid, as more adapted for the complication of this type with scrofula, that is so often met with. The bichlorid is notorious as having been recommended by Van Swieten. Accounts have been furnished of 4,880 persons who were cured by it alone, in 8 years at one hospital; no deaths had occurred, and no dangerous or severe symptoms had supervened.

Mr. Abernethy proposed the oxid mercury should be used instead of cinnabar as a fumigant, on account of its not evolving sulphurus acid gas, which is both disagreeable and dangerous. It is best adapted for cases of venereal sore throat, as the topical application of the vapor is often advantageous. A simple method of employing mercury in infantile syphilis, is as a plaster made by spreading the ointment over the belly band of the child; subsequently during the movements of the limbs,

the substance is, sufficiently, worked in as to become absorbed. A few years ago, a peniluvium, or local bath of mercury, as the protonitrate or bichloride, dissolved in water was tried, and it was expected that from the medicine being taken up and conveyed through the same glands, as the poison had been introduced into the system,a topical advantage might be gained in addition to the general one; but a few trials caused me to abandon it. It is a mistake to suppose that the more rapidly salivation is induced the better, indeed experience establishes the contrary to be most true. Under whatever form or plan mercury is given in syphilis, ptyalism ought not to be produced before the third week of treatment, as by this protraction we insure the most thorough destruction of the syphilitic virus. Benefit also is not in proportion to the actual amount of mercury given, and it is always advisable to cure with the least possible quantity. When ptyalism occurs, the dose is to be greatly reduced, say one third, and the medicine thus continued till the symptoms have wholly disappeared; after which eliminatives of a non-mercurial nature should be substituted.

XXVIII.—*The Education of Apothecaries and Druggists.* By A. Von Iffland, M.D., Vice-President College Physicians and Surgeons, C.E., &c.

I know no subject which ought more seriously to engage the attention of medical practitioners than that of the education of Apothecaries and Druggists. The qualifications indispensably required for the practice of so important a branch of the profession, ought no longer to be overlooked by those intrusted, not only with the general interests of the medical profession, but with whatever is connected with the welfare of the people.

I need scarcely remark, that, to the accuracy with which the prescriptions of the physician are fulfilled, will frequently depend the restoration of a patient to health, and to the ignorance or carelessness of the apothecary, it is not too much to add his life may be sacrificed; under so important an object in view, no one can deny that the educational acquirements to vend drugs and to practice as an apothecary—and its most essential branch, the fulfilment of prescriptions—are not subjects which should come within the immediate province of the College of Physicians and Surgeons. These acquirements were, in the opinion of the medical gentlemen who framed the act of incorporation, considered of paramount importance, as not only involving, in many instances, the

reputation of the prescribing physician, but what is of greater importance the very life of the patient. And it may be necessary to observe, that while the various clauses of the Bill of Incorporation were under discnssion by the committee named at a General Meeting of the Medical Practitioners in Lower Canada, held in 1846, at Three Rivers;* for, among other purposes, to superintend all matters connected with the measure, it was suggested by a member [the writer of this article] that the apothecaries and druggists should also become subject to such stringent enactments, as might ensure to the public as well as to the medical profession, men of good education and thoroughly versed in chemistry and pharmacy. No action was taken on the proposition of that member, in consequence of a communication on the part of several highly respectable apothecaries and druggists, that they were about, by petition to the Provincial Legislature, to constitute themselves into a separate corporation, the existing clauses relating to apothecaries and druggists were therefore erased from the bill.

They have, however, it would seem, from the length of time that the medical profession has been incorporated, abandoned the measure then contemplated for their self-improvement, preferring to remain as individuals, or associated traders, and subject, as they assume, to no other responsibility than that of tradesmen.

Justice should, notwithstanding, be done to two [perhaps more] apothecaries and druggists, now extensively connected with that branch of the profession in this city [Quebec]. These gentlemen submitted their acquirements to a close and searching examination before the College of Physicians and Surgeons, and were found fully qualified by that body to become entitled to diplomas. I am not aware of the names of the members of Committee who may have examined these gentlemen, but I am induced to believe that candidates for the license of apothecaries, &c., are generally referred to Drs. Hall and Sutherland, Professors of the University of McGill College, and than whom none can be held in higher estimation for their eminent acquirements on this continent, and the country may be proud of possessing such men as arbitors of the qualifications of those about entering into the practice of this important branch of the medical profession.

Reverting to those apothecaries, &c., who have submitted to an examination before the College of Physicians and Surgeons, it would, in my humble opinion, be an act of gross injustice to them, were they to

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* The committee was composed of Drs. Morrin, Fainchaud, Blanchet, Von Iffland, Valois, M.P.P., Arnold, Badgley, Gilmour, Badeaux, to which was added Dr. Marsden.

be placed in the same position for public consideration and patronage as others who are not so qualified by that body.

Under existing circumstances it would appear that any person, however ignorant he may be of chemistry and pharmacy, and even of the elements of Latin, can at any time open an apothecary and druggist shop. This is assuredly not the doctrine of equal rights and privileges, for while some devote time and expense in qualifying themselves in these two branches, and also submit to the ordeal of an examination; others without being compelled to devote either time, study or expense in preparing themselves are permitted to exercise the same profession with impunity.

It now becomes the imperative duty of the College of Physicians and Surgeons to resort to such means, whether legislatively or otherwise, as may guard against the evils of ignorance and secure to the people the guaranty or safety, that he who practices these branches has, at least, devoted a reasonable time to acquire a perfect knowledge of them, and that his qualification has been tested by the Board of Governors; unless this security is afforded the public, I know not why the same legal remedy now enacted against unlicensed medical practitioners, and that among other penalties, renders them incapable of recovering by suit any debt arising from their practice, should not also be enforced against unlicensed apothecaries and druggists.

It is my intention of resuming this important subject, but in concluding I may be allowed to observe, that I entertain a strong opinion that only such part of the Ordinance 28, Geo. III, as has reference to prevent persons practising physic, surgery and midwifery in Lower Canada, has been repealed by the present act of incorporation, leaving intact as much thereof as relates to persons practicing as apothecaries, and vending and distributing drugs. Under this exception of the Ordinance all apothecaries and druggists practicing without a license, it is unnecessary to add, become subject to the penalty therein prescribed.

Quebec, 27th December, 1856.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXIX.—*Medical Notes and Reflections.* By Sir Henry Holland, Bart., M.D., F.R.S., &c. &c.; Fellow of the Royal College of Physicians; Physician in Ordinary to the Queen, and Physician in Ordinary to His Royal Highness Prince Albert. From the third London edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1857. Pp. 493.

We doubt if there be any other class of diseases less understood or worse treated than those which are comprised within the comprehensive designation of "dyspeptic"—a term which, though both vague and insignificant, is used to cover a multitude of evils, and also—shall we not say it—a mass of ignorance. It is the common resort of the bewildered practitioner, when tormented by his teasing patient, to declare a cause for the legion like aches and fancies with which he is tormented. It is the haven of rest in which the medical mind lays up its doubts and uncertainties in the demonstration it is compelled to give of things hidden and impenetrable. It is the satisfaction which—though virtually unsatisfactory—still, like oil upon the ruffled waters, lulls the storm that care has awakened, and brings the light that want of information has withheld. Abused, senseless and comforting though it thus be, yet this fashionable word is not always an empty sound, nor meaningless expression. It often has a true application and an ample signification, but as we have implied, it is not always apprehended aright, and practical mistakes of a serious order inevitably follow. These we opine are referred to in the following passage from the philosophical work, of Dr. Holland, which forms the subject of the present notice. Speaking of gastric diseases, its accomplished author observes, "they unhappily furnish an arena on which all the worst parts of medical practice find their readiest display. Fraud, intrepid in its ignorance, here wins an easy triumph. Seconded on every side by prejudices, fashions and follies, and taking advantage of the mind and body, in their weakest and most sensitive mood, it deals out precepts and drugs, with a pernicious facility;—sometimes altogether at random;—sometimes and even more injuriously, with one common scheme of treatment applied to the most variable and incongruous symptoms." What reminiscences does such a forcible statement bring before the contemplative eye;—what shades of former celebrities troop before the fancy as the mines explode that its recital springs;—and how painfully

applicable are the same well-told truths to drug-givers of even to-day, and to the valetudinarians who arrest our daily walk. Were we to ruminate on a single instance in point—on routinism, alone—abundant evidence would be furnished in attestation to the truth of our suggestions. Consider it as it stalks forth among the sick and wearied, "it deals out precepts and drugs with a pernicious facility;—* * * at random:—* * * with one common scheme of treatment." The same scraps of advice are furnished out so unvaringly that the wonder grows how they maintain their novelty! or the question arises why the patient, who has oftentimes heard them before, should seek their re-rcquaintance? Though they have become as familiar as household words, yet are they received as the latest productions under the sun. The patient is obedient, but only to a certain limit; he is confident, but merely upon conditions. He will submit to directions provided they do not disturb his preconceived ideas of what is right. And he will return to his counsellor with renewed supplications, when the previous advice has not been contradictory of antecedent rules. In this way the physician is invited to enter upon the discharge of a round of sayings and dispensings, to which through indolence, or by the force of some other equally controlling agency, he may not be personally objectionable. Most of the great concerns around, if he stay to examine them, seem to express a monotonous course of unchanging action, fulfilling, as mere matters of course, some prominent act of accomplishment, more signal for its singleness of purpose, upon its repeated consummation, than for any other tangible feature. Looking at routinism from another field of view, we must also close our inspection by exempting its pursuers from the condemnation which an abstract consideration entails upon it. The physician has to deal with subtelties which, in spite of the pretensions so ostentatiously claimed for medicine, are not discoverable; lesions the most opposite in their fundamental structure often supervene in the same organ, which, although outwardly, signified by isomeric symptoms, and therefore not during life to be diagnosed, do not show forth the correspondingly appropriate lines of treatment. Paradoxes and puzzles are constantly occurring, and, more surprisingly, they are sometimes afforded by the elements of disease that in themselves are the most simple. The commonest accident, to the vascular twigs within one's sconce, may defy the perception and detection of the most skilful faculty of medicine that ever conferred the *summos honores*. When, therefore, as the vulgar phrase is, "there is nothing to go upon," when the case is hazy and the landmarks inappreciable, it is to be expected that men will be guided only by certain general laws and cautiously confine themselves

to methods of interference, which, to a superficial observer, must appear ordinary and common place. The fact is, there are certain conditions, which a very few simple expedients will achieve, that place the system in the most opportune state for resisting the advancing invasion of disease and struggling to emancipate itself from the thraldom of the materies morbi with which it is already oppressed. Experienced practitioners learn soon to know the circumstances, which are best adapted, for placing the *vis vitæ* in the best position for exercising its salutary tendencies, and trust to the deliverance which, when unshackled from some formerly constraining cause, it is generally able to accomplish. They know that in many diseases, the tide of tendency sets in towards recovery, the vis, before-mentioned, is more often a *medicatrix* than a *necatrix*, and that if they give it the assistance and support above implied, she will always be successful against every ill-event! unless, indeed, in the wise ordinations of an over-ruling Providence, a fatality is inevitable, because by Him decreed in His unerring counsels of old.

But while we thus extenuate the physician:—there is another too frequent practitioner of routinism, to whom the same concessions cannot be granted;—we refer to the patient, to a certain class of individuals who abuse the system in their experiments of it upon their own vile bodies. One, who feels not well, takes up the notion that he is bilious, and runs away with it, or else his chief idea of health is founded upon a diurnal sacking of his bowels. And what are the results to which the impression leads: the portrait must be searched, though not very closely, before the lineaments appear. It is called *cathartics abused*, and as we scan it, we learn. The public are naturally fond of humoral doctrines, and most willingly believe that active purging carries off a great deal of poisonous matter, which would otherwise enter the system, and overpower it. When a medical man is called in, who is an advocate for purging, they generally soon fall into his way of thinking; they have a sort of gratification in discharging a large quantity of nasty looking greenish or black stuff, and particularly, if it have a very fetid odor, they feel a sort of self-complacency, they fancy they have discharged a mass of corruption, and they eagerly adopt the advice of the learned Dr., who recommends them another dose of blue pill. under cover of a black draught—they say they are quite ready for it, they are very much pleased at the idea of another disgorgement, and experience high gratification in making another attack upon the assumed enemy, who they fancy must speedily collect his forces. They swallow the doctors stuff voraciously, and as they say they find themselves lighter after it, and their appetite improved. They are besides themselves with what

has been done for them, and, indeed, were they to rest contented, all might be well; but no—they imagine they have discovered the means of attaining lasting health; they therefore give way to the pleasures of the table—getting rid of any accumulation that may occur, by, once or twice in every week, swallowing upon their own account, and at their own discretion, an unknown drastic, or a dose of calomel, or blue pill, such as was formerly prescribed by their old family Dr. or some fashionable notable, in large practice, whom dear Mrs. Fidgets recommended, or perhaps equally good, the same prescription was handed across a dinner table, by an old friend, who had used it, twice a week, for five years, and had never known an ache or pain since. Come the evil as it will—the greedy recipient swallowed the tale and then the physic, although, perhaps, quite unsuited to his case. After a few weeks perseverance in it, his bowels became utterly disordered, expelling the natural mucus, urging on the canal to increased action, till at last the whole digestive apparatus was positively impaired. In time, all but worn out—he went for medical aid. He passed from physician to physician, acquiring as he left each a receipt for a tonic, or a stimulant, or a bitter; at length a permanent irritation was kept up, the whole system sympathised with the state of the alimentary canal, the mind grew peevish and irritable, the viscera became deranged, and at last the poor sufferer dropped down a victim to the early benefit he had received from the proper administration of a suitable remedy—to a use lengthened out to an abuse. The 22nd chapter of Dr. Holland's very valuable work, is on the subject upon which we have been discanting—it is headed abuse of purgatives. The learned baronet, among a host of practical observations of the first order of merit, remarks, in referring to the evils of the practice,—"the nutrition of the body generally suffers; the processes of digestion are imperfectly performed; the ingesta are hurried forward without the due amount of change and separation taking place, and there is usually decay of flesh and strength. * * * * The effect of sudden and violent diarrhœa in depressing the vital powers is well known. Syncope is a frequent consequence; death when there is already great exhaustion, an occasional one. I have seen instances when a strong purgative given directly after a violent and protracted operation, or after a shock to the nervous system from accident, has produced very urgent danger by aggravating the tendency to collapse. * * * * In cases where there is the habit of slighter but constant irritation by purgative medicines, the tendency of results is the same, though the immediate effects are less rapid and obvious. The extent of highly sensitive surface, forming the canal of the bowels, gives great scope to

this influence, and few consequences can be stated more certain, than the gradual undermining of the vital powers by the abuse in qnestion."

XL.—*The Physician's Prescription Book*; containing a list of terms, phrases, contractions and abbreviations, used in prescriptions, with explanatory notes, also the grammatical construction of prescriptions, &c., &c. To which is added a key containing the prescriptions in an unabbreviated form, with a literal translation. By JONATHAN PEREIRA, M.D., P.R.S. Second American from the twelfth London edition. Philadelphia : Lindsay & Blakiston. 1857.

The objects of this little treatise are amply stated in its title page, of which the above statement is a copy. It is intended particularly for medical and pharmaceutal Students; to whom its study will prove of much profit. The large demand, shewn in the number of editions through which it has passed, proves that, at least in England, where it is better known than in America, its merits are extensively appreciated. Thirty years have elapsed since it first came from the hands of its much lamented author, who, during his life-time, was distinguished for his indefatigable zeal, untiring industry and almost ceaseless exertions in facilitating the opportunities of the medical student, for acquiring a thorough and minute knowledge of all subjects connected with the materia medica, dietetics and pharmacy. The amount of labor which this most worthy gentleman accomplished by his own personal efforts was of an Herculean character. A closely continuous application and indomitable perseverance, joined to a remarkable energy of disposition were, no doubt, the instrumental means which gave efficiency to the literary tendencies of a vigorous mind, well stored with the deep lore of scientific information both general and special. Common-place explanations however, such as these, hardly, altogether meet his case and probably no correct appreciation could be obtained of his profound researches and over-abundant inquiries, unless by one who had been privileged to witness this wonderful author searching out information by day, barely allowing himself time for meals and the necessary business of life, consuming the midnight oil, and devoting the time, when others rest, to still advancing labor, surrounded by books of many tongues and of every age, deep in manuscripts of accumulated number, engaging years upon years in the same unwavering attention and concentration, and at length producing an encyclopœdia of, it might be said, everything in the departments upon which he entered.

CLINICAL LECTURE.

On the operation of lithotrity. By F. C. Skey, F.R.S., Surgeon to the St. Bartholomew's Hospital.

[*From the Medical Circular.*]

In order to appreciate the value of the operation of lithotrity as a means of removing calculi from the human bladder, we must compare its dangers and liabilities with those of the long adopted mode of extraction of the stone by the cutting operation. If we ascertain by statistics, that one of these two operations is, under the most favourable position of things, the cause and precursor of death in a far larger proportion of cases than the other, it is our duty as good Surgeons and honest members of society to adopt that which experience declares to be the more eligible, because the more free from danger. Suppose a case of stone to present itself to Mr. A., a gentleman who has operated some five times without failure, it might be argued that this, the sixth case, would probably prove fatal, because his success has already exceeded the proportion which statistical inquiry has determined as the standard of results. But the argument would be fallacious, because it is urged at the end of a series instead of at the beginning. The question is this, what are the chances of success attending six consecutive cases of lithotomy in the hands of a man of limited experience? and the answer is, very small indeed. That estimate is very moderate which assigns failure to two out of the six cases operated on by the lateral division of the perineum. Is not this a frightful average? What is it that makes stone in the bladder so large and fearful a disease? It is not commonly so painful in its symptoms, its draughts upon the health are not so great, it is not incompatible with the enjoyment of life,—of exercise, of food, of sleep. Occasionally it is a painful affection, but more commonly it is what may be termed bearable. In truth, it is the operation for the removal of the stone that gives to this disease so fearful a name, so terrible a prestige. We all profess our faith in what is termed Conservative Surgery. What is meant by the term Conservative Surgery? Rely on it, it has no application more clear and apposite than that which demands of us the selection of an operation which is attended by little, as a substitute for another attended by great danger; and between the two operations of lithotomy and lithotrity, there is really no comparison in respect to their results; the difference is as marked, as that between safety and danger. Conservative Surgery not only pleads the cause of humanity in the retention of limbs formerly consigned to amputation, or the attempted conservation of structures or parts of structures partially severed from the rest of the body, but it includes the principle of treatment which obtains its results with the smallest amount of danger, pain, or even discomfort to the person diseased. I have no personal objection to urge against the operation of lithotomy, I have operated on old and young with something more than average good fortune. I say *good fortune*, because the issue of a case is so uncertain that it cannot be predicated by the most experienced surgeon. With me that opera-

tion has long since become the exception and not the rule. In common with others, I still cut children for stone, simply because the urethra of the child is too contracted to admit a lithotrite sufficiently small to be compatible with safety, There is also another exception, viz., when the stone is too large to be grasped by the lithotrite; such a case I have never yet met, although I am quite aware of their very occasional existence.

In calculating the probable issue of the operation of lithotrity, we must keep in mind the very improbable recovery of cases in which the kidneys or the bladder itself have become involved. If the kidneys especially have undergone disorganization, whether the one operation or the other be selected, death is the probable result, and it is obvious that a bladder which is the seat, whether of chronic thickening or of ulceration of its mucous membrane is not in a very favourable condition to sustain the violence of either operation; nor do I think one of them very preferable to the other, for the result will be the same. But I wish you clearly to understand that these are exceptional cases; they are not common, but otherwise. In selecting a case for the operation of lithotrity, when so much depends on a healthy condition of these important organs, it behoves us to ascertain, by any and all means, whether there is or is not danger in the background? Has there been pain in the loins, any sense of weight? Has there been hæmorrhage, slight or considerable? Is the person's health good? Does his countenance bear the stamp of disease, or discomfort? Does he carry the aspect of weariness, of suffering, of exhaustion? Does he confess to be a moderately sound sleeper, disturbed not more than once, or possibly twice, during the night to pass water? Has he a pulse good in quality and unobjectionable in frequency, that is, ranging between 65 and 75? Is its frequency readily increased under mental emotion? His skin neither moist nor dry, his appetite good, and in fact, all his functions regular? These points being satisfactorily settled, we come to the organs more immediately the seat of disease. You will examine his urine with all necessary care, test it for albumen, by heat and by nitric acid; test its specific gravity, observe its colour, and ascertain the degree of its acid reaction, *et per contra*. Presuming the inquiry to prove satisfactory we proceed to the bladder; we ascertain its healthy condition by the absence of pain in the hypogastric region, whether permanently or on pressure by the hand. We further judge by its tolerance of urine. We learn on inquiry that from two to four hours are the intervals of micturition, whether by day or night. If a full sized instrument be now introduced into the bladder, we at once ascertain that the urethra is patent, and will admit with a little management on the part of the operator, and less pain to the patient, a lithotrite of size sufficiently large to break any ordinary stone. The inquiry is now completed, and presuming the operation to be undertaken in the course of a few days, all that is required is to counsel your patient to avoid excess of all kinds, whether of diet or exercise, the resort to each and all being dictated by moderation. I protest against the exhaustion of depletion, whether direct or indirect. I equally protest against the exhaustion of repletion. You will equally avoid diarrhœa and constipation. Now with regard to

the operation itself, you have so often witnessed its performance at my hands, that it may appear a work of supererogation again to describe it. Yet I shall do so, because your success is more dependant on *that* than on any other feature in the case. Let me preface this description by an admonition applicable not to lithotrity only, but to every other operation in Surgery. I allude to the cultivation of lightness of touch, gentleness of manipulation. You will never acquire half so much knowledge by a clumsy, obtuse, and ponderous manipulation, as by the tender and delicate pressure of a single finger. If you would avoid the giving pain, if you would buy "Golden opinions" of your patient, nay more, if you desire to obtain more information, touch lightly. So in lithotrity, if you have avoided giving pain, you have done well for your patient, and well for yourselves.

Generally speaking, unless the bladder is more than usually irritable, you need not employ chloroform. It may be necessary if the fluid injected be retained with difficulty. Place your patient in a semi-recumbent position on the side of a bed. Support his back and head from the shoulders upwards only, on pillows, or on a chair sloped behind him. Place his feet on two chairs separated as widely apart as he can conveniently retain them, and take up your position between them. Warm and oil a nearly full-sized catheter, say No. 9 or 10, and carry it slowly into the bladder; inject four, five, or six ounces of water at the temperature of from 80 to 90. Withdraw the catheter gently, grasp the lithotrite firmly and pass it down the urethra, also warm and well oiled, and be careful to observe that it is screwed tightly home. When you reach the neck of the bladder, your progress will be arrested, steady pressure for a few seconds will overcome this difficulty, and the instrument will enter the bladder, and move freely in all directions. Do not attempt to open the blades of the instrument until you are quite clear that it has reached the interior of the bladder. When the instrument has fairly entered the cavity, the cross bar of the screw will be within an inch of the orifice of the urethra, and the instrument itself will be horizontally on your hand. Now expand the blades to their full extent, by pressing the remote blade against the opposite wall of the bladder at the same moment, and to the same range of motion that you withdraw the near blade towards you. If you withdraw the near blade only, you will create severe pain by pressing against the neck of the bladder, and hemorrhage will probably follow, sometimes to a formidable extent. Having slowly expanded the blades, slightly raise the handle, and press the remote blade against the base of the bladder, giving the instrument at the same moment a slight snake, and the stone will almost invariably fall into the grasp of the lithotrite, screw home, then reverse the screw and expand as before, and so on. If this be the first operation, enough has already been done, and it will be quite sufficient to break the stone once across. On all future occasions, the crushing process may be repeated from six to twelve times, according to the degree of suffering occasioned by the operation. If you acquire tact and reasonable dexterity, you may calculate on catching fragments of stone, about eight times out of twelve attempts to do so, and often more. I have repeatedly seized them ten times in succession. Having withdrawn the lithotrite,

consign your patient to bed, and desire him henceforth to pass all his urine over gauze, on which all the fragments may be collected. For the present, leave the bladder alone, and do not require him to pass off the injected fluid; in all probability, he will fail if he makes the attempt. Desire him to drink freely of diluent fluids, but not to deprive him of his ordinary food, if he be inclined to receive it.

A second operation may be undertaken at an interval of from five to ten days from the first, but the period may be determined by the amount of irritation following the first attempt. If slight the operation may be repeated early.

Among other consequences creating the necessity for postponement to lengthened intervals are catarrh of the bladder, stone lodging in the urethra, and abscess in the perineum—catarrh, or the deposit of slimy adhesive mucus, rarely follows the first, and not often the second opetions, but it is a frequent concomitant in the progress of the treatment. If this mucus be considerable in quantity, and its secretion be accompanied by much pain, although the symptoms will occasionally yield to diosma, pareira or uva ursi combined with the free use of opium and hip-baths, yet it is much better to repeat the operation carefully at once, and relief both from the local pain and the adhesive mucus is the general result. Particles or fragments of stone may lodge in the urethra, creating a considerable amount of distress and retention of urine. If this lodgement take place within reach of an instrument, the attempt should be made to remove it, and although many tools have been invented for this purpose, I know of nothing preferable to a pair of thin-bladed dressing-forceps a little curved in the blade. The instrument should be closed in passing down, and on touching the stone, the blades are forcibly expanded, while at the same time the stone is pressed forward by the left hand. When firmly seized the fragment should be turned slightly round and slowly extracted.

If the fragment has lodged lower down the canal it is better to return it into the bladder, and you are acquainted with the instrument I employ for this purpose. It consists of the largest sized catheter open at the end from which projects a ball or nob. On sounding the fragment the ball is withdrawn, and the stone is forced backwards, while the membrane of the urethra is protected by the instrument, and I have never failed in giving relief by its simple agency. It is rarely necessary to cut on to the stone with a view to its removal, but it is an operation not often followed by serious consequences.

Abscess in the perineum not infrequently follows the detachment of a portion of mucus membrane from the urethra, or the laceration of membrane by a pointed fragment of stone. Probably a drop of urine escapes into the cellular tissue, abscesses are the result. They may present themselves in the form of a diffused swelling, or of a rounded tumour on the corpus spongiosum, more or less moveable. They do not commonly break, but if not subjected to interference, or to a repetition of the operation, they become absorbed.

Of these three obstructions in the path of recovery, the first is common, and applies to the large majority of cases. The two last are rare, and abscesses especially so. I have never known serious results from

any of them. I acknowledge illness, temporary pain, anxiety, loss of sleep, and of appetite, but the question of this or that patient's recovery has never been raised in my own mind by their presence.

The operation of lithotrity is making its way in the surgical world, and I have no doubt that, before the expiration of many years, the old operation will become the exception and not the rule of experienced Surgeons.

Two objections are yet urged against it. First the length of time required for its completion, and secondly, the supposed difficulty of extracting the last fragment, by the retention of which a nucleus to a new stone remains behind. As regards the question of time, if the difference were far greater than it is, it would be unworthy of consideration. What is the degree of importance attached to a few weeks' confinement, when compared with the question of danger to life? Literally nothing.

But I suspect, after all, that the difference is not so great as is supposed. If I deduct two exceptional cases in my own practice, which from peculiar occurrences occupied a longer than average period, I can assert, that out of forty-five cases, the mean time during which the persons were under treatment was within eight weeks. Now if we take the average of lithotomy at five weeks, here is a loss of three weeks only, and this I maintain is an evil so inconsiderable in degree as to weigh most insignificantly in the scale against the improved operation.

With respect to the last, fragment of stone retained by the bladder, I am persuaded it is an imaginary difficulty, and not a real one. I have in my possession fragments of stone that have been expelled from the urethra, in magnitude much greater than many calculi detected by the sound, and extracted from the bladders of children. Careful sounding will detect such fragments at any time. If such a fragment remains behind as the urethra will not allow to pass by reason of its size, depend upon it, it is large enough to be struck by the sound. If it be so small as not to be detected by the sound, it will come away, as larger fragments have come away before it. Out of fifty cases of lithotrity I have never experienced this difficulty, and provided something more than common care be bestowed on the last examination, I do not believe in its existence. But even allowing the possibility of an undetected fragment to remain in the bladder, what evil can arise from its increasing size during the ensuing two or three months? When it has reached a magnitude detectable, it may at once be broken into fragments and brought away by a single operation of the lithotrite.

THERAPEUTICAL RECORD.

[*Virginia Medical Journal.*]

Caustic for cancer.—A new remedy for cancer, in the shape of a caustic composed of three parts of sulphate of lime, one of chloride of zinc, and one of chloride of antimony, is begining to be very much used.

Caustic in nævus.—Dr. Macke recommends the following caustic as a highly useful application to *nævi materni*, especially in young children. Corrosive subl. 4, collodion 30 parts. It is to be applied by a small brush, and desiccation takes place so rapidly that the action of the caustic does not extend beyond the spots it is applied to. A solid eschar, one or two lines in depth, fall off in from three to six days, and the pain induced is inconsiderable, and of short duration.—*Revue Med.* 1856.

Color of cicatrices in the negro.—There having been considerable differences in the statements of authors upon this subject, some declaring them to be white, and others that they are blacker than the rest of the skin, M. Beguin, surgeon to a frigate employed in the Indian ocean, took occasion to observe their appearance in several negroes on board. Examined in 21 individuals, they were always found colored, never being decidedly white, even after large loss of substance. Their depth of color gradually increased, and at last, after a variable period, was found to be sometimes less deep, and sometimes deeper than that of the surrounding skin.—*L'Union Medicale.*

Iodine in hygroma.—M. Grose has found in sixteen cases of hygroma, the application of tinct. iodine twice a day, upon compresses secured by means of bandage, always attended with success. In very delicate skins the first applications may excite vesication, and then longer intervals may be required, or the iodine may be diluted.—*Moniteur des Hop.*

Popliteal abscess from angioleucitis.—M. Chassaignac, while pointing out an example of abscess in the popliteal space due to a traumatic lesion of the tendo-Achillis, explained the anatomical reason of the rarity of the occurrence. There is in fact a very limited region of the foot supplied with lymphatic vessels that proceed to the ham, this being precisely limited to the portion of the skin which corresponds to the tendo-Achilles. The lymphatics beyond this narrow tegumentary zone proceed to the groin.—*Moniteur des Hop.*

Proto-iodine for iron plaster.—M. Alquie speaks highly of the resolvent power of this plaster in the case of white swelling and lymphatic enlargements. Experiment has shown that its employment is much more satisfactory when made by combining its separate elements with the plaster, than by the introduction of the ready-formed proto-iodine. Take of iodine 1, powdered iron filings 2, and pitch plaster 30 parts. Melt the plaster gently, and add the filings, and then the iodide, previously dissolved in 10 parts of alcohol, stirring well with an iron spatula, until a greenish-brown color is produced. It is then spread and cut into strips for application.—*Bull. de Therap.*

Sebaceous tumors.—M. Chassaignac observes, that when sebaceous tumors occur in unexpected localities, he has often found a useful means of diagnosis in observing the exceeding degree of paleness which their surface presents when the base of the tumor is compressed so as to throw this surface into relief; this being much more decided than is the paleness of surface of any other description of tumor submitted to the same procedure.—*Moniteur des Hopitaux.*

PERISCOPE.

Effect of Belladonna in Immediately Arresting the Secretion of Milk. Dr. R. H. Goolden has communicated to the *Lancet* (Aug. 9th, 1856) the two following cases, which seem to show that belladonna possesses the power of arresting the secretion of milk.

E. J., aged 28, was admitted into Anne's Ward, St. Thomas's Hospital, with a small child at the breast four months old. At the time of her admission she had swelling and acute pain in both wrists, right elbow, both knees, and left ancle. The knee-joints were distended with synovia, and erythematous patches were on the skin of the knees, ankles, and wrists. She was bathed in perspiration, and the secretion of milk was abundant. According to the regulation of the hospital, the child was removed; indeed, from her helpless condition, it was necessary, considering the difficulty of attending to an infant in a ward with other patients. Soon after her admission she took eight grains of calomel and a grain and a half of opium, followed by a senna draught; and one scruple of nitrate of potassa, ten grains of bicarbonate of potassa, and a half drachm of spirit of nitric ether, in peppermint water, every four hours. The joints were covered with cotton wool.

On the following day, at two o'clock, I found she had been freely purged; the joints were in nearly the same state. She had had no sleep. The breasts had become tumid, hard, painful, knotty, and extremely tender. The superficial veins were distended. Some milk had been drawn, but the process was attended with great pain, and we could not listen to the heart's sounds on account of the tenderness.

A milk abscess, in complication with rheumatic fever, was of all things to be avoided, and unless the secretion could be at once arrested it appeared inevitable. In this strait I recollected that I had somewhere met with an observation (but I cannot remember whether it was in an English or foreign journal) that atropine applied externally to the breasts would dry up the milk; and, thinking it reasonable, I caused the areolæ of the breasts to be smeared with extract of belladonna, in the same way that it is used to dilate the pupil of the eye. I likewise ordered the addition of half a drachm doses of colchicum wine, knowing that whenever milch cows eat the meadow saffron in the pasture they immediately become dry; and though I have not much faith in colchicum as a remedy in rheumatic fever uncomplicated with gout, there could be no objection to its use, and it has the sanction of much higher authority than my own.

On my third visit, the following day, the first inquiry was about the breasts. They were all right. But was it colchicum or belladonna that had relieved them? The extract was used before I left the ward; before the mixture was given the secretion of milk had been arrested and the breasts had become soft. The rest of the case has no further special interest. I will only state that there was no heart affection, and that the fever, though very severe while it lasted, was of short duration, and the patient left the hospital quite well in fourteen days.

The second case that occurred to me was uncomplicated with any disease, and as would usually fall under the care of the accoucheur rather than the physician.

A lady, the wife of a clergyman, was travelling with her husband, and, in order to accompany him, had weaned her baby (then seven months old.) Happening to be at Oxford at the commemoration festival, he came to me in great trouble, telling me that his wife had done a foolish thing in weaning the child, and that they were now arrested in their progress in consequence of the state of her breasts. They were tumid, very tender, painful, and hard, with large superficial veins, and the milk had been drawn with difficulty several times with temporary relief. I recommended the application of the extract of belladonna to the areolæ, desiring them to send for a medical practitioner if the inconvenience did not immediately subside, or unless she felt quite well. A few days brought me a letter, giving a very satisfactory account, and thanking me for what she was pleased to call my wonderful prescription. Within two hours she was perfectly relieved, the milk absorbed, and (what is very important) there was no fever or other inconvenience attending the sudden suppression of the milk; and, instead of taking the opening medicines I had prescribed for her, she continued her journey the next morning.

I have not been able to discover that the fact the belladonna is available for the purpose of arresting the milk secretion is at all generally known—certainly it was not to several accoucheurs in large practice of whom I have inquired. The fact is important if true, for then milk abscesses will become a matter of past history, and probably many diseases of the breast may be rendered less complicated by its use.

The two cases I have detailed are not sufficient to prove that it will always be either successful or safe, but they render it highly probable that it is so.—*American Journal.*

Ergot of Wheat.—Dr. Robert makes the following statements respecting this substance: 1. The medical and obstetrical property of this ergot is as incontestible as of ergot of rye, and its effects are as prompt, as direct, and as great, 2. Its hæmostatic action appears certain. Dr. Robert has administered it several times against abundant discharges of blood, and immediately after labor it has almost constantly and fully succeeded. 3. In the dose of one or two grammes, according to urgency, it has frequently succeeded in lessening, if not in completely arresting the hemorrhage; and this without appearing to produce any stimulant action on the uterus.—*Gaz. des Hopitaux, March,* 1855.

Operation for Strangulated Ventral Hernia during Pregnancy—Recovery, By Henry F. Campbell, M. D., Professor of Surgical Anatomy, &c., in the medical College of Georgia. Jenny, a negro woman, aged about 30 years, was brought to the infirmary on the 7th of July, 1854, at one o'clock at night. Her master, a physician, had correctly diagnosticated her disease as Strangulated Ventral Hernia. He said that she had been suffering for nearly forty-eight hours from the constriction. On account of her condition, four months advanced in pregnancy, and also from not having at command the proper appliances and assistants for operating himself, he had concluded to bring her to this place, a distance of forty miles from his residence.

On examination, we found the patient in a condition of extreme depression; her extremities were cold, her pulse very feeble and rapid and she had vomited excessively. There was a tumor in the umbilical region of size equal to a large orange, and the skin covering it, was tumid and somewhat infiltrated from the frequent attempts made by the Doctor for its reduction.

Of course, under the above circumstances, no time was to be lost. We attempted taxis, but finding it offer no hope and having much reliance on the skill of her master, Dr. G. C. Furse, and of his brother, Dr. Furse, who had both tried that mode and failed, we determined, after consultation, to proceed at once to the operation for strangulated hernia in this region.

Operation.—Having given the patient a large potation of brandy, and placed her upon a suitable surface of support in the recumbent posture, and administered chloroform to the amount we considered prudent in her low condition, we made an incision in the vertical direction, the whole length of the tumor. The integument being loose over the tumor and easily sparable from the hernia sac, this first incision was made by raising a fold in the transverse direction, passing a long sharp-pointed bistoury through it, and thus cutting out to the surface. Dissecting carefully through a quantity of fat at the bottom of this incision, brought the peritoneum into view, when we again attempted reduction by taxis; this failing, a small opening was made in the peritoneal sac near the centre, and a grooved director introduced, and upon this, the sac was laid open by incision with a probe-pointed bistoury, first in the upward, and less freely in the downard direction. The intestines being now exposed, and presenting what we considered a sufficiently sound appearance, though much darkened by congestion, we proceeded to dilate the opening through which they had passed, which now appeared rather to *one side* the umbilicus than in the exact situation of the umbilicus itself. In making this dilatation, the forefinger of the left hand was introduced above the neck of the sac, an assistant supporting and holding out of the way, the mass of protruded intestine; a curved probe-pointed narrow bistoury was then introduced flatwise upon the palmar surface of the finger, and the incision made upwards and rather to the left side to the extent of nearly a quarter of an inch. The ring, (if we may be allowed to transfer here a word which has become a technicality in another region,) which before was hard and rigid, soon yielded to the pressure of the finger after the knife was removed, and the intestine and also the now empty sac, were readily returned into the cavity of the abdomen. The lips of the external wound were approximated and kept together by three sutures, and the part dressed by the application of a towel wet with cold water, which was to be renewed as often as it became warm by contact with the surface of the body.

Either on account of the obtunding influence of her extreme state of exhaustion or from the anæsthetic effect of the chloroform, the patient evinced but little suffering during the whole of the operation. Her state immediately after the operation cannot be said to have improved upon that before it, her depression continuing until an advanced hour on the following morning.

We referred above to the unusual amount of caution we felt it necessary to exercise in the application of the chloroform in this case: this was suggested to us by the fact that early in the administration of it, the patient manifested decided symptoms of syncope, from which moment, we abandoned its further continuance.

A short time after the operation, an injection of warm water was administered to provoke the action of oil previously given by Dr. Furse. This was followed by no immediate effect; probably the oil had been vomited previously to her arrival at the Infirmary.

The first indication she evinced of returning health, was a decided craving for food; and though her bowels remained long constipated and uninfluenced by cathartics, she did not appear to suffer inconvenience from this state, and continued to convalesce without interruption.

About the tenth day after the operation, at her urgent solicitation, we allowed her to rise from bed. The incision having united firmly the only support we deemed necessary at first was a small pad and broad bandage, which was afterwards changed for an umbilical truss. This last, however, had to be abandoned after a short time, as the patient was refractory and would not attend to keeping it on the proper situation, and indeed, from the solid condition of the part, care upon this point did not appear to us as very important.

This patient remained under our care until the 25th of August, during which time, there was no embarrassment of the favorable progress of gestation, which, indeed, as we afterwards learned through Dr. F., continued on to a fortunate parturition, uncomplicated by any untoward incident. At last accounts, she was pregnant again, with but slight threatenings of a return of her former hernial difficulty.

We have the more willingly reported the above case, as we have been for a long time under the conviction that such herniæ are of not infrequent occurrence, a number of this kind having come under our observation.

It is the opinion of Dr. G. M. Newton, Professor of Anatomy in our college, expressed in his lectures on this region, that ventral hernia may be the result of a dilatation of the openings along the linea alba above the umbilicus intended for the transmission of vessels; these openings become enlarged by a deposition of fat around the vessels they transmit, are left patulous on the absorption of the adipose tissue, and thus afford a means of exit to omentum or intestine.

Landolfi's Treatment of Cancer.—M. Landolfi's mode of treating cancer having gained considerable notoriety in Austria, he repaired some time since to Paris, in order to induce the Surgeons of that capital to endorse the favorable opinions expressed by some of the Vienna practitioners. The French Hospital Surgeons accordingly appointed a committee of their body to examine into the ability of the claim, and this was done by assigning M. Landolfi a certain number of patients at the Salpetriere. The committee, after watching the results of his treatment of these cases, has just made its report, and the following are the conclusions arrived at. From these it would seem that the remedy is

destined to fall into the oblivion that has entangled so many of its predecessors.

1. M. Landolfi's method is made up of both local and internal treatment. 2. The latter, which consists in the administration of chloride of bromine, does not possess the slightest special therapeutical value in the treatment of cancer.

3. The local treatment consists in the application of the following caustic: Chloride of bromine, 3 parts; chloride of zinc, 2 parts; chloride of antimony, 1 part; liquorice powder, 1 part.

4. Of these substances, the chloride of zinc and chloride of antimony, have been long known and employed as caustics. These two chlorides combined in the same proportion as in Canquoin's caustic form the only portion of M. Landolfi's preparation that is really active.

5. The chloride of bromine only acts by raising the epidermis, and exposing the denuded part to the action of the other two chlorides, a result easily obtained by any vesicatory applied just before employing Canquoin's paste.

6. M. Landolfi's preparation is, in fact, only this caustic masked by a coloring and odorous body, which, although it leaves the causticity unimpaired, destroys the precision of application. The chloride of bromine has only spoiled the mixture by rendering it fusible, much more difficult to manage, and much more uncertain in its results.

7. As the caustic so modified does not secure the patient from erysipelas or consecutive hæmorrhage, it can be no longer affirmed that its employment is exempt from danger.

8 Infinitely more painful than most others, this caustic induced most severe suffering, which, in general, lasts for six or eight hours, and may be prolonged for more than twenty-four hours. Opium and other narcotics are powerless against these pains, while their duration forbids our even thinking of employing anæsthetics.

9. The mode of application is quite vicious, and opposed to the rules of art. In place of attempting to at once destroy the cancerous tumor, M. Landolfi attacks it by partial and successive applications—a necessary consequence of employing a caustic the extent of the action of which cannot be calculated.

10. These successive applications, repeated on some patients fifteen or twenty times, induce a total amount of suffering hitherto unheard of.

11. They prolong the treatment indefinitely, and infinitely delay cicatrization.

12. The incessant irritation thus induced is of a nature to favor relapse, as experience has only too well shown, and all know who are imbued with sound surgical knowledge.

13. This method, applied by the inventor himself to nine cases of cancer of the breast and three cases of cancroid, has given the following results:—Of the 9 cases of cancer of the breast, 2 have died. 4 have suffered a notable aggravation of the disease, while in 3 cases in which cicatrization took place, the disease immediately after re-appeared: that is to say, in no case did a cure result. Of the 3 cases of cancroid, a cure

took place in 1; another there was cicatriczation with re-apperance of the disease, and in the other, an exacerbation took place that necessitated the amputation of the limb.

To sum up, M, Landolfi's method can only be applied to certain cancers: it is more painful and more uncertain than several other modes of cauterization; and it is, in particular, inferior to Canquoin's method, of which it is only an altered copy. Like all the other methods of treatment, it may succeed in destroying certain tumors and cicatrization may follow; but it is quite powerless for the prevention of relapse, which it would seem rather to provoke, and so far from forming a step in advance, it adds but another to the illusions that so abound in the history of cancer.—*Med. Times* and *Gaz.*, from *Bull. de Therap.*

On the Employment of Chlorate of Potass. By M. ISAMBERT

In this paper, M. Isambert, after giving the history of the employment of the chlorate since its discovery by Berthollet, its disuse, and recent revival by Hunt and others, states that he has of late investigated its therapeutical action in M. Blache's wards, at the Children's hospital, and its physiological effects by experiments upon himself. Passing over these latter we briefly present the conclusion he has arrived at in regard to its medicinal employment.

1. *Gangrene of the mouth.*—On carefully examining Mr. Hunt's observations, he considers it very doubtful whether he has always had to do with true gangrene of the mouth, having rather confounded this affection with the ulcero-membranous stomatitis, in which the effects of the chlorate are truly remarkable. In two cases of gangrene he did not find it very serviceable; and West, who carefully distinguishes between the two affections, seems to have come to the same conclusion.

2. *Ulcero-membranous Stomatitis.*—This term, adopted by Rilliet and Barthez, well explains the nature of the affection, there being in fact, both ulceration and the formation of the false membrane present, the one predominating in some cases, and vice versa. It is a most obstinate affection, having no natural tendency to a cure, and being very liable to relapse. West first employed the chlorate in this affection, and his success with it has been amply confirmed by Blache, Herpin, Bergeron, and others on the continent. Eight cases which have occurred to the author speak equally favorably. Relapse may, however, occur, though far seldomer than under any other remedy; and it should, therefore, be continued for some time after the fall of the false membrane. The chlorate, too, is powerless against the alveolo-dental pyorrhœa, or ulceration of the borders of the gum, with purulent issue from the alveoli on pressure being made upon the gum. The mean duration of treatment of these eight cases was from three to five days for the production of the fall of the membrane, and five to ten for a complete cure. When the cure was longer delayed, relapse had occurred, or the alveolo-dental pyorrhœa was present.

3. *Aphtha.*—The vesiculo-ulcerative state of the buccal cavity, to

which this appellation is now confined, is in general a very mild affection, and curable by simple means. Sometimes, however, numerous and confluent ulcers produce much pain, impede feeding, and are very tedious in healing, and induce constitutional disturbance. In a case of this kind the chlorate effected a rapid cure.

4. *Muguet.*—M. Legroux has tried it in several cases of epidemic muguet at the Hotel Dieu, but without any favorable result. During the trials it was found to pass rapidly into the milk of the nurses, and in this way it may be administered to infants.

5. *Scorbutus.*—M. Fremy has found the medicine of use in this disease; and thus we find the moderns returning by another route to one of the first affections the chlorate was recommended for, on the theory of deoxidizing the salt in the economy.

6. *Diphtheritis.*—Observations commenced by M. Blache, and continued by the author, leave no doubt as to the utility of the chlorate. In this affection there is, however, every gradation from the most simple to the most malignant form, a sign of most unfavorable augury being found in the swelling of the parotid and deep-seated cervical glands—enlargement of the submaxillary glands occurring in even the simplest forms. Of thirteen cases, the chlorate was exclusively employed in four, and the cure was rapid, the cases being mild ones. In two, although the cauterization with nitrate of silver was employed at the beginning, the success was attributable to the chlorate. In two others, cauterization was simultaneously employed, but the cure was not more rapid than in the others. The 9th case was a very severe one following scarlatina, and the patient was cured by the chlorate and quinine, without the aid of cauterization. The four others died, but they were cases of a very grave description. The chlorate is, therefore, no heroic remedy, always curing angina maligna, nor is its action immediate; for, although it appears in the saliva a few minutes after administration, it requires at least twenty-four hours, and usually three or four days, before it can effect its purpose. It should, therefore, be commenced with early.

7. *Croup.*—The success attendant on the chlorate in diphtheritis naturally led to its employment in croup. The author relates four cases in which the chlorate seemed to have succeeded, and refers to eleven others, in which tracheotomy was resorted to also, whether because the medicine did not seem to be taking effect with sufficient speed, or that tracheotomy having been already employed, it was given as an adjuvant to prevent the reproduction and extension of diphtheritis. Of these eleven cases, some of which were very severe, there were eight recoveries and three deaths. Between the 1st of January and the end of March, 1856, tracheotomy was performed in M. Blache's wards fourteen times with nine recoveries and five deaths, all the children taking the chlorate, either prior to or subsequent to the operation. If this success be not due to the occurrence of a run of lucky cases, which occasionally occurs in practice, the result is remarkable. as the proportion of recoveries after tracheotomy, at the same hospital, has averaged during the

last six years but one in four to one in five. When tracheotomy, has been performed, the use of the chlorate is especially indicated when there is a tendency in the diphtheritis to extend to the bronchi, pharynx or nassal passages. It should be combined with expectorants and considerable doses given.—*Gaz. Médicale. Virginia Med. Jour.*

Local Anæsthesia by Cold.—We have seen, on several occasions, some of the minor surgical operations performed when the parts have been in a state of anæsthesia from Dr. James Arnott's freezing mixture. We can call to mind several at University College Hospital, under Mr. Erichsen's care—one especially of removal of the toe-nail from the foot of a young man, in April last, without the slightest pain, Mr. Thomas Wakley has also tried this method in several cases at the Royal Free Hospital, and in every instance the success was quite evident, the patient, when blind-folded, being ignorant of the use of the knife. He has already elsewhere confirmed the evidence of Dr. Arnott on this important subject (The Lancet, vol. i. 1855). More recently, we have seen Mr. Weeden Cooke remove several small growths, in a wholly insensible state, with really very gratifying results. We select three examples from amongst a number, to show the good effect of the freezing mixture. One of these was a fatty tumour, situated in a part of the body where sensation was very acute; and notwithstanding the tumor extended a little distance beneath the skin, no pain was felt, the mere act of freezing the skin alone being sufficient, without extending its effects deeper, This was the first time we had seen a tumour removed in this way, although it has been done before by Mr. Banks, of Forest-gate, who excised an osseous tumour from the leg of an old lady, aged eighty years (The Lancet, vol. ii. 1855). We have already, in a previous "Mirror" (vol. i. 1852), given illustrations of its value in removing the excruciating pain in ulcerated cancer of the breast, in the Middlesex Hospital, under Mr. Shaw's care, of cancer of the uterus, in St. Mary's, under Dr. Tyler Smith. It is most unquestionably a valuable agent where a thin stratum only is implicated, and may be used with advantage when it is unnecessary to give chloroform; but there is not the slightest doubt it will never supersede chloroform in operations upon deeper seated parts. As a palliative in relieving the severe pain of cancer and other diseases, it cannot be too highly recommended. It might be used with advantage in painful cases of neuralgia.

The freezing mixture of Dr. James Arnott consists of equal quantities of ice and common salt, mixed together, (the former well pounded,) and then placed in a bag, the margins of which are attached to a gutta percha ring. By gently touching the part to be rendered insensible with the bottom of the bag continuously for from one to three minutes, the surface becomes suddenly frozen, insensibility follows, and the pain of course disappears. If ice is used without the salt, it obviates the tingling which sometimes ensues on the return of sensibility.

Fatty Tumour over the Coracoid Process of the Scapula.—J. B———, aged twenty-one, servant, admitted March 17th, 1856. Has a fatty

tumour, the size of an orange, situated over the coracoid process of the left scapula. Having applied ice and salt in equal proportions, the integument became white in a few minutes, when Mr. Cooke made an incision, unfelt by the patient, over the tumour, which was squeezed out and separated by a few nicks with the scalpel. One suture was put in to draw the parts together, the introduction of which was also unfelt by the patient. Some hæmorrhage occurred the day after, but being soon checked by perchloride of iron the healing proceeded by granulation, and she did well.

When the tumour was removed, although the edges of the wound appeared to have resumed their sensibility, no pain whatever was manifested in putting in the ligature.

Cancer of the Lower Lip-—This was a cancerous growth of two month's duration upon the lower lip of a man aged forty-five years. He was in the habit of biting his lower, lip, and smoking after it. A sore began to form about two months before ; it grew hard, and discharged an ichor from its surface. Mr. Cooke applied a freezing mixture on the 21st of April, and when the part was completely frozen, he removed the diseased mass by a V incision. The patient did not feel the operation, and very little blood was lost, not a ligature being required for a single vessel. Two pins were then put in, and the wound brought together. A microscopic examination showed the ulcerous mass to be composed of epithelial scales and some fibro-plastic and fusiform cells.

In-growing of the Toe-nail.—The patient was a young man, with ulceration accompanying in growing of the toe nail, which was extremely sore and painful. It was removed by means of scissors and forceps, when the toe was frozen by the frigorific mixture, on April 21st. A little pain, however, was felt at the latter end of the operation, in a spot where perfect congelation had not taken place. This case did well.—*Lancet.*

Tannic and Gallic Acids.—Headland considers that tannic acid is better for external, and gallic for internal use. Tannic acid precipitates both albumen and gelatine, but gallic acid does neither. Tannic acid is supposed to be a compound of gallic acid and grape sugar, three atoms of tannic acid being equivalent to six atoms of gallic acid and one of grape sugar. Tannic acid may be decomposed in the stomach by the conversion of the grape sugar into carbonic acid and water, setting gallic acid free, which passes out into the secretions after exerting an astringent action on various organs and tissues. As tannic acid loses weight by this decomposition, it follows that a dose of gallic acid produces a greater effect than an equal amount of the other. Gallic acid does not precipitate albumen, and therefore is of little use as an external astringent ; but a mixture of a solution of gallic acid with one of gum will precipitate albumen, although neither will do it separately. It is probable that gallic acid may unite with saccharine matter in the blood, and thus acquire an astringent power which it does not exhibit exter-

nally, because then isolated. These two acids, and the substances which contain them, are used in diarrhœa, and hemorrhage. To diminish sweating, gallic is inferior to sulphuric acid, but to act as a remote styptic, it is preferable to the other. Tannic and gallic acids diminish the secretions generally. They are very useful in cases of hœmaturia, where sulphuric acid is all but useless.—*Memphis Med. Recorder.*

Treatment of Carbuncle.—Prof. Syme advises, as the only effectual method of cutting short its advance, the making of crucial incisions completely through the whole extent of inflamed skin. Immediately on this being done, the redness disappears and the pain ceases, the constitutional disturbance soon subsides, and the affected skin, unless already deprived of its vitality, quickly resumes its natural thickness and healthy action, so as to remove all obstacles from the healing process. He considers the application of caustic the extreme of absurdity. Dr. Blackman, of Cincinnati, says, on the contrary, that his patients have derived the greatest benefit from the application of caustic potash. His rule is, in addition to the incisions, to convert the whole of the diseased cellular substance into a saponaceous compound, and to extinguish the inflammatory action by means of stimulants—quinine—a generous diet, &c.,—and he strongly recommends this treatment. Prof. Syme applies the crucial incision, also, to common boils in this early stage.—*Ib.*

Irrigation in Phagedena.—A successful experiment has been tried in Guy's Hospital in the treatment of phagedenic ulcers by constant irrigation. The affected limb is placed on some water-proof material, with a reservoir above the bed supplied with warm water, and by means of an elastic tube a stream is kept constantly flowing over the surface of the sore. The discharge is thus washed away as soon as formed, and the ulcer assumes the clean pale appearance of a piece of soaked flesh. The theory is, that phagedenic action is a process of local contagion—the *materies morbi* by which the ulcer spreads being its own pus. Nitric acid relieves the difficulty less perfectly, and with greater suffering, by decomposing the morbid discharge; but to be effectual, the whole surface of the ulcer must be destroyed to a considerable depth.—*Cincinnati, Med Observer.*

Singular Case of Foreign Body in the Bladder.—Mr. Cock, at Guy's has recently had more than one ordinary case of lithotomy under his care; and Mr. Callaway recently was called to a very singular case. A boy, somewhat silly in his manner, was admitted, presenting the ludicrous condition of having a common shoehorn, tied to a piece of whipcord, hanging from his uretha! The boy had been pulling at the cord, reminding one in some way of a celebrated lexicographer's definition of a fishing rod; but something which he could not or would not describe

was at the opposite end, fixed in the bladder. The boy, it is believed, had been reading some bad books, and made a long cylinder of the substance known to tailors as French chalk, which he had been pushing into the urethra, till probably at the triangular ligament, it was drawn by the perineal muscles into the bladder. Be this as it may, Mr. Callaway had to cut down in lithotomy form, and then extracted a mass of French chalk, not unlike the little finger of one's hand. We mention the case as one of the varieties or "vagaries" of hospital surgery.—*Association Medical Journal.*

Circular respecting the most Eligible Spot to Perform Amputation of the Leg.—With a laudable zeal, the Surgical Society of Paris is collecting facts respecting the above subject, and M. Debout, the editor of the *Bulletin de Therapeutique* has been entrusted with the task of reporting on the same, and of obtaining, from operating surgeons, statements with regard to their personal experience. The aim in view is so praiseworthy, that we are induced to insert a portion of the circular, for further diffusion. Letters should be sent, prepaid, to M. Debout, Rue Therese, 4, Paris:—"M. Arnal, in his paper on amputation of the leg just above the ankle, has collected 97 cases to show the small amount of mortality of this amputation compared with that a few inches below the knee, or at the inferior third; but as doubt still exist, M. Debout, as reporter, requests all surgeons who have had occasion to perform amputation of the leg just above the ankle to forward to him, as succinctly as they may wish, the results of these operations. Any further information respecting the results of amputation of the leg, with reference to the most eligible methods, will also be very acceptable, and will be transmitted to another committee, who are to report on the second subject." As the makers of artificial legs are very anxious to have long stumps to deal with, the questions asked by M. Debout present additional interest.—*London Lancet.*

Prohibition of Quackery in Russia.—The present Emperor of Russia has evidently taken warning by the fate of his father, who is understood to have favored homœopathy, and to have been attended by a homœopathic physician—"hinc illæ lachrymæ." He has prohibited quackery and quacks throughout all the Russias, with an imperial disregard to the vested interests of the undertakers. At a medical meeting recently held in Paris, a vote of thanks to the Emperor Alexander, for setting so good an example, was proposed, and, after some opposition, carried. It was to be accompanied by an honorary diploma of fellowship! We anticipate the reply will somewhat resemble that of King Agesilaus, as Plutarch tells the story. "Menecrates the physician, having succeeded in some desperate cases, got the surname of Jupiter. In his vanity he wrote a letter to the king. 'Menecrates Jupiter to King Agesilaus: health.' The answer began thus—'King Agesilaus to Menecrates: his senses.'"—*Ibid.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

PROJECT OF THE COLLEGE OF PHYSICIANS, &c., C.E.

We promised, some months ago, to recur to the subject of the general usefulness of this institution. It was then our intention, at a future date, to have enlarged upon certain plans which, presenting themselves to our consideration, appeared well suited for endowing her with character and efficiency. But it appearing to be desirable that these should be reserved until a time nearer to the next triennial meeting than the present, lest unhappily they might be productive of engaging little more than a momentary attention, at a period when amelioration or action were impracticable, we accordingly have hitherto kept silence, and hopefully awaited the advent of the better season. Our justification of this delay seems, as we have caught the spirit of the rules and ordinances of the College, to be fully sanctioned by the expressions of these administrative records, which provide against a material change in the constitution and conduct of the incorporation at any other than a triennial meeting.

Contrary, however, to this restriction, the members, at the last meeting, as reported in a previous number, adopted or passed a motion which, if properly carried out to its fullest purpose, will give to the College new actions and additional powers. It was then resolved, upon the proposition of Dr. Marsden, seconded by Dr. Marmette, "That two members of this Board be associated with the Vice-Presidents in Quebec and Montreal respectively, to meet and report at the next meeting of the Board, a project by which the College of Physicians and Surgeons may be extended in usefulness and importance to the profession and public health in general, with power to add to their number." Whether it be intended merely to fabricate "a project," to be embodied in the next report, or also to give the "project," after it has been matured, an active operation, does not actually appear—the former may alone be contemplated, and so, by being confined to it, legal infringements may be prevented, and at the same time a course pursued altogether agreeable to the rarity with which the meetings are now held, viz., semi-annually, and harmonious with the dull torpor that has marked the continuance of this body since it first came into existence. We heartily rejoice at the move which has at length been made. We say at length, for it has very

long since been instigated, and its urgency pressed upon the public mind. The first record to be found of it occurs in the pages of this journal, and was made by ourselves. And we may be excused for claiming any merit which it affords, lest, through wilful spoliation, it might be taken from us. Our first volume, *i. e.* for 1854, contains several statements of the fact which have the stronger regard upon the attention of those interested, from clearly expressing various methods that, if pursued, would subserve the great desideratum set forth in the motion above quoted. We there suggested that the College of Physicians, &c., should consider various important questions connected with public hygiene and medical police—and that she should urge forward and carry out measures of a salutary tendency for the welfare of our communities. Yet further, we there observed that the College should advance the cause of legitimate medicine, and raise the intellectual standard of practitioners, or rather of such as were her own licentiates. We suggested the propriety of encouraging talent, and offering rewards for deserving merit. And lastly, we alluded to the advantages that would accrue from the College ceasing to be migratory or unstable, and becoming possessed of real estate—having an appropriate building devoted to its uses, with a well furnished library, a museum formed, rich in anatomical specimens, both normal and morbid; and with these the institution of a medical reading room. Our voice was not lifted in vain, though the acknowledgement came but indirectly, and merely "dragged its slow length along." In the year referred to, one of the governors, (Dr. Peltier,) endeavored to impress his associates in assembly with the benefits to be derived from the board, taking up our first class of proposals: i. e. matters of public hygiene, medical police, &c.,—shall we say he was listened to. We hear no more in a public way of these improvements for a long time, not till after some years. In the mean while they afforded the subjects of brief desultory conversation in private, but were talked of as more curious than tangible. At length we find the general necessity of the College doing something in the old way prescribed, again possessing the convictions of a few of the energetic of the Governors, and its actual declaration was avowedly expressed in the true spirit of improvement at the last tri-annual meeting. The key then struck by Dr. Morrin had its note prolonged and was wafted to our readers by the pages of our August number. The stirring communication of Dr. Von Iffland must still be fresh in their recollection. At the meeting that succeeded its publication, the College took the matter up warmly, several members addressed the assembly on the subject, and all ended in the resolution before given. In deference to

the gentlemen who were appointed as a committee to report accordingly as to the most fitting manner of carrying out its intentions, we withhold our statement of the plans which, to us, appear most feasible, for extending the usefulness of the College. We shall patiently await the receipt of their "project" trusting it may more than convey all we intended to express, and realize the high anticipation of it, which our knowledge of their capabilities lead us to expect.

NEW REVIEW.

The North American Medico-Chirurgical Review; a bi-monthly journal. Edited by S. D. Gross, M.D., Professor of Surgery in the Jefferson Medical College, Philadelphia, and T. J. Richardson, M.D., Professor of Anatomy in the Medical Department of Pennsylvania College, Philadelphia. Philadelphia: J. B. Lippincott & Co., Trubner & Co., Pater Noster Row; Hector Bossange et Fils, Paris. We have received the first number of this new Review. It was published in January of the present year. It contains 160 pages of reading matter, and will be bi-monthly in its issue. It supplies the place formerly occupied in United States literature by the *Philadelphia Medical Examiner* and the *Louisville Review*, both of which journals have been merged into it. Its articles are distributed over four principal tables: 1. Analytical and critical reviews. 2. Original communications; 3. bi-monthly periscope; the latter, subdivided according to the various department of medicine. and 4. Editor's table. In the introductory notice the writers say of their readers, "We offer them a new journal, fraught with the productions of many minds, each bearing evidence of careful and conscientious elaboration." We have been very favourably impressed by our examination of its contents and welcome it to our exchange list. It is, so to speak, the *Louisville Review* enlarged and improved, and the favourable opinion we have formerly expressed of the latter applies to its representative with increased force and applicability. The price is fixed at four dollars per annum.

Fatal misiake in dispensing.—Not many days ago we learn from a daily paper a sad error occurred, attended with the melancholy loss of two lives. A druggist was handed a prescription to compound of carbonate potass and lemon juice, but unfortunately he read it as cyanate of potass and actually served out this for the first named article. We believe the quantity present was ℈i. of the salt in the mixture, and such a proportion in each dose as to be poisonous. By contact with the

citric acid of the juice and water the cyanate was decomposed and hydrocyanic acid produced, When accused of his mistake in order to convince those present of the innocency of his mixture he swallowed a dose and in a few minutes afterwards was a corpse.

BOOKS RECEIVED FOR REVIEW.

Rigby on Female Diseases, 1857. Laycock on Medical Observation, 1857. From Messrs. Blanchard & Lea, Philadelphia.

Report on the Use and Effect of Application of Nitrate of Silver to the Throat either in Local or General Disease. By HORACE GREEN, M.D. From the Author.

MEDICAL NEWS.

A TRUE PROPHET.—Miss * * * of Boston, 21 years of age, a believer in Spiritualism, "trance speaker," &c., predicted some time since that she would die in the month of October. But although she was very ill that month, she recovered. Again in a trance, the fatal time was predicted—the 25th of November. The day arrived, and the unfortunate victim of delusion announced that "soon all will be over." At six in the evening she complained of pain in the left side, followed by vomiting and purging, which continued until death.

An autopsy showed that the *prophetess* had made sure work, by swallowing a large quantity of *tartar emetic*, which had caused her death, and fulfilled her prediction.

ANECDOTE OF GARRICK.—A certain Dr. Thomson, who was a great sloven, was taking breakfast one morning with Garrick. As the servant brought in a plate of hot muffins, the doctor, whose hobby it was to lay all the troubles of dyspepsia upon this favorite dish, cried out, "Take away the muffins, take away the muffins." "Oh, no, (says Garrick) looking quizzically at the shabby doctor," "Take away the ragamuffins."

BONPLAND.—This veteran, explorer, now in his eighty-third year writes from Uruguay that he is about to cross the ocean to offer his collections of botany and natural history to the French government, after which he will return to South America, and end his days on his plantation.

BREAD STUFFS.—A chemist announces that the common chestnut furnishes glucose, dextrine, oxalic acid, glue, alcohol, a farina of which excellent bread may be made, and a refuse which is a nutritious food for horses. Another hero of the laboratory mixes eight pounds of wheat flour with eight acorns, mashed, after having been boiled in a solution of carbonate of soda in vinegar, and so produces an economical and palatable kind of bread.

The prize of 30,000 francs, instituted by the Emperor Napoleon for the most notable discovery in science, has been awarded to M. Fizeau for his experiments on the rapidity of the movement of light.——Aluminum is now manufactured on a large scale at Rouen.——The extraction of alcohol from beet root has become an important *industrie*. Last year 18,000,000 of pounds of beet were converted at two establishments in the Pas de Calais.

LARGE FAMILY.—Mrs. Greenhill, a London matron of the last century, had thirty-nine children by one husband, all born alive and baptized, and all save two at single births. The last child was born after his father's death, and lived to be a surgeon, practising in Bloomsbury, and author of a work on "embalming." In commemoration of this remarkable fertility the family took for their crest a gryphon with thirty-nine stars on its wings. —*Notes and Queries.*

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ORIGINAL COMMUNICATIONS.

ART. XXX.—*Therapeutical Contributions.* By Wm. Wright, M.D., L.R.C.S.E., Professor of Materia Medica, McGill College; Physician to the Montreal General Hospital, &c.

[*Continued from page* 332.]

Iodid of Potassium.—This agent has only been in use, as an anti-syphilitic, for little more than a quarter of a century; and has, consequently, not yet provoked so many words, for and against itself, as the proto-member of the class. Since, however, the statements of its first promulgators, Drs. R. Williams of London, and Wallace of Dublin, a sufficiency has been afforded us, wherefrom we may learn its real merits as a remedy, in the treatment of syphilis.

The recommendations it possesses to general favor are, that it does not necessitate the same regiminal precautions, which safety demands in the employment of mercury: the patient need not feel the same dread of danger from atmospherical vicissitudes, and may even pursue out-door avocations during inclement weather, without more than the ordinary risks that are incidental to every one, even in health, when similarly exposed. Although neither narcotic nor anœsthetic, it will often, under circumstances of great pain, speedily display anodyne powers of a high order, and perhaps as an expeditious assuager of the suffering, induced by morbid states of the periosteum, and fibrous textures, is not to be surpassed. And according to Mr. H. Mayo (Treatise on Syphilis) there is no medicine which, when it does good, produces amendment in constitutional syphilis so speedily as it. These advantages are, nevertheless, more specious than genuine; the first is not desirable, for the unrestricted freedom or indulgence it permits, if enjoyed, would be detrimental to the patient since the danger from cold, wet, &c., he already inherits from the disease. The second benefit, although it may not accrue so immediately from other anti-syphili-

tics, yet it will as surely come eventually, and when it supervenes will, usually, be more durable in character. The third is a mere contingency; and the same might be safely said of other remedies when they "do good."

Iodid of potassium is not productive of any decided benefit in primary syphilis: in the opinion of Dr. Hocken it is inert in almost all the symptoms of this stage of the disorder, and to this rule the only exceptions are "some forms of phagadena, attended with great debility and derangement of health." So that according to the views before promulgated, unlike other agents of this class,—Iodid potassium is not indicated in the introductory period of regular syphilis, but, on the contrary, is only to be employed in a few instances of the irregular type.

In secondary syphilis a similar conclusion is also warrantable,—thus the gentleman last quoted, adds "in constitutional symptoms it is a less valuable remedy in the majority of secondary symptoms than mercury, with the exception of some severe cases of pustular eruptions, phagadenic sore throat, rupia, and secondary ulcerations of a bad character, all of them marked by a cachectic and debilitated constitution." Much of the benefit obtained from it, in these *irregular* instances of syphilis, is to be ascribed to the tonic qualities it possesses, from the exercise of which it tends to raise the vital powers and enables the natural efforts, aided by its own sanative tendencies, to shake off the morbific elements. It was also highly lauded, by Dr. Graves, as a remedy for syphilitic diseases of the scalp, lepra, psoriasis and impetigo; but here, I believe, the same provision holds good,—in broken-down habits it is indubitably excellent, but in the more regular manifestations it is inferior to mercury.

Its remedial influence appears to be exerted in greatest degree in proportion as syphilis recedes from its earlier forms. Ricord, indeed, inclines to limit its applicability to tertiary cases. Its value in these is very clearly illustrated in the following register, furnished by Dr. Hassing: of 73 cases of syphilitic pains of the bones, 65 were cured, 3 relieved, and 5 derived no benefit. Of 17 cases of syphilitic caries and necrosis, 6 were cured, 4 relieved, and 7 derived no benefit. Of 51 cases of syphilitic tumors or nodes, 6 only were cured, in 22 the tumor diminished, and in 23 no effect was produced. By "cured" is understood the symptoms were removed. In affections of the periosteum, it is even more efficacious than in any of the preceding.

To define still more broadly the suitable cases for iodid potassium, the contrasting indications for the use of mercury must be preserved in mind. In extension, then, of what has been before stated, the following

observations of Vidal appear to be very trustworthy:—"I believe that almost all cases of syphilis may be successfully treated by mercury, if this medicine be properly managed; but sometimes the system is antipathic to it, and then instead of producing curative it produces morbid effects; thus, patients who are excessively debilitated, cannot be treated with mercury which evidently depresses the vital force. * * * I give in these cases iodid potassium."—And in addition it may be remarked that in syphilis occurring in scrofulous subjects, in which the evidences of this diathesis are especially clear, and in functional derangements of the tertiary type, quickly removable, iodid potassium seems preferable to mercury.

Iodid potassium appears to have a special action which renders it more or less antagonistic to mercury. This is particularly manifested in persons of bad habits of body, to whom the latter drug has been given indiscreetly, and who get into a condition of hydrarygro-syphilitic cachexia; in them, iodid potassium often proves of signal service. Its utility is referred to the formation of a double iodid of mercury and potassium, so that not only is the mercury removed, for the compound is readily eliminated through the kidnies, but a new salt is produced which is in itself a most powerful anti-syphilitic. Iodid potas is also of service, in the same way, in certain disorders, which, though not syphilitic, are the *consequences* of previous infection: of this kind, are the following cases wherein Mr. Mayo has found it efficacious; viz., "emaciation, with ulcers of the skin; ulcerated throat; affections of the bones, &c., occurring in those to whom mercury had been given."

And, lastly, iodid potassium, from being an energetic diuretic, is of great use as a succedaneum to the mercurial treatment, by operating as an eliminative after the manner before described. If persevered in, with this intention, for a sufficiently long time, it will complete the cure which the mercury has originated.

In strict conformity with the meanings that have been above rendered of such a substance, iodid of potassium is not a regular anti-syphilitic. And experience abundantly supports its condemnation. It *removes* but does not cure the symptoms for which it has been administered,—it throws a vail of false health over the disorder, leaving the *origo mali* within unconquered, and it exposes the invalid, when discontinued, to a speedy relapse into his former miseries. Mr. L. Parker has known it to be taken by patients for 3, 7, and, in one case, for 10 years; it always kept the disease in check, but when interrupted, the symptoms became worse. Sir B. Brodie (*Lancet*, 1844,) observes, "you may remove slight symptoms by giving it for a time, and severe

symptoms by exhibiting larger doses; but in the latter case, so far as I have seen, it does not make a permanent cure; for the symptoms return again." For a similar reason, this medicine possesses but very small prophylactic power, *i.e.*, it has not much effect in preventing the developement of the subsequent stages of syphilis, and, in this particular, also, contrasts very unfavorably with mercury, as will be remembered. From the foregoing it may be fairly deduced, that iodid of potassium is not a reliable remedy in regular syphilis. Indeed, it may be, properly, doubted if it be even a safe medicine in this toxic state. Dr. Lawrie, of Glasgow, not only considers this agent very uncertain, but, furthermore, that it is at times dangerous. And this accords with the observations of others who have found, under the use of the iodid, the disorder often continues astonishingly obstinate. Vidal says, "if the case be one of superficial syphilides, it does not disappear, it may even become aggravated" under the exhibition of iodid potas; and he concludes by remarking, "now is the time to interpose the use of mercury."

Manifold are the evils that may attend the anti-syphilitic employment of iodid of potassium. They may be divided into local and general; of the former, the two most notorious are an affection of the ærian mucous membrane, and of the tongue. The former is the result of an indirect irritation induced by the poisonous influence of the drug. The latter is a variety of chronic glossitis,—the tongue "becomes hypertrophied, tender, and covered with lobes and fissured by deep cracks."

The constitutional effects of iodid of potassium are various; the most common is an irritation of the conjunctival and schneiderean membranes, marked by redness, defluxion and preternatural sensibility, the person appears as if he had a bad cold in his head:—in some rare cases,extreme congestion with extravasation of blood has been seen forming ecchymosis of the eye. Diuresis is likewise frequent, the urine has been increased under its use, to 7 pounds in the day. Ptyalism is next to these in frequency; it resembles the mercurial in most of the symptoms, as a flow of saliva, of a metallic and bitter taste, erythema and œdema of the gums, &c., but it differs in there being no actual inflammation, nor ulceration, nor characteristic fetor. I have, occasionally, observed a peculiar eruption, like erythema papulatum, brought out from its use. Others have noticed rashes like acne, ecthyma, maculæ, &c. Relaxation of the bowels is occasionally experienced, and sometimes irritation of the throat. Now and then, a peculiar state of the nervous system is the only mark of action of the remedy—as seen in headache, watchfulness, or mental inactivity, &c. Iodid of potassium,in persons of peculiar idiosyncrasy, has given rise to alarming symp-

toms of gastro-pulmonary irritation; and it has been accused of causing atrophy of the mammæ and testicles, and general idoism by too long continued use—but, probably, on insufficient evidence.

There exists much uncertainty of opinion concerning the proper dose. Undoubtedly the remedy may be taken very largely with impunity. Dr. Buchanan asserts that he has given it in doses of ʒss, and Payen says ʒij may be given safely three times a day. But it does not follow that the benefit derived is in proportion to the quantity used. Its absorption according to Bonjeau is more complete in proportion to the smallness of the dose. He took gr. ¼ in a large quantity of water, in divided doses, for a day, and he was able to trace iodine in his urine for 7 days, and in his saliva for 6 days. At another time he swallowed 5 gr. dissolved in ʒij. of water, and traces of iodine were discovered in the urine during 28 hours, and in the saliva during 17, only. The selection may be guided by the object in view; large doses where any decided impression is desired in a short time, as the relief of pain—and small doses where some morbid state is required to be removed, and can only be ensured in a slow way. A large dose is ʒss. or gr. xv.: a small one, gr. iss-iv. It is generally prescribed in solution, and the facility with which it dissolves in water, is one great inducement to its use. It may be conjoined with ext. sarsaparilla; or a bitter, as tr. aurantii, &c. It is sometimes conjoined with iodine as an iodureted mixture. It may be formed into pills with various extracts, as taraxacum and gentian, but I have found it then more likely to disagree with the stomach than in the fluid state. It may also be given in mixture with biniod. mercy., this latter salt being rendered soluble in water by iodid potass. Every 2 grs. may be diffused through eight oz. of water, to which ʒiv. of iodid are added.

Other iodides have also been called anti-syphilitics. They are but representatives of the former;—the most common are the following.

Sodii Iodid.—Is isomeric in virtues with potass iodid, over which it has the advantage of being much less disagreeable, and better borne. It is also said to have succeeded where the latter has failed. It has been used by but few Physicians. Gamberini, from an experience of 116 cases, confirms the above opinion of its use. Its dose is that of iodid potassium. I have prescribed it, extemporaneously, by adding carbonate of soda to iodid potassium in water, and was led to this combination by Staff Surgeon Telfer, formerly a resident of this city, who told me he had found the addition of a few grains of soda caused the iodid to sit on the stomach, when it otherwise might disagree.

Ferri Iodid.—This remedy is never used for regular syphilis in its

primary form ; it has been used in the consecutive disorder which is chiefly manifested by some local disorder of long standing or frequent recurrence, in individuals weak and cachectic, in whom more decided measures are inadvisable. It has been used in obstinate ulcers of the skin and throat. It is also advisable in phagedenic syphilis. The dose is gr. i-iij ; by gradual augmentation, 20 grains have been given in the 24 hours. The syrup is the best form for administration : every 12 m. contain gr. i. of iodid.

Hydrargyri et Arsenici Iodid.—Is often a valuable remedy in secondary syphilis. Mr. Cusack, of Dublin, found that eruptions on the skin yielded readily to half drachm doses of the solution three times a day. It is commonly prescribed as the Liquor, or Donovan's solution. The dose is gtt. v., gradually increased to xv. or more. This solution has latterly become such a fashionable article, that within 2½ years about 300 lbs. were sent out of Mr. D.'s establishment alone. A substitute is occasionally given in the following : ℞ liq. iodinii, comp. ℥i. liq. potass arsenit ℥iv. m. ; the dose is 5 drops.

Various other iodides have been used, by a few individuals, which are not pharmacopœial :—as the hydrargyro iodid of morphia, its dose is ¼ gr. and is very serviceable in syphilitic pains of the bones ;—iodide of chloride of mercury ; iodide of ammonium ; iodide of ethyle, &c.. but the latter are all remedies of questionable advantages.

Gold.—At one period of the world's history gold was esteemed to be a panacea or universal remedy. Thurneysser, one of the most celebrated of the followers of Paracelsus, cured all diseases by the tincture of gold, potable gold, and the magistery of the sun. The views of his successor, one Quercetanus, were opposed by the faculty of Paris, and in time it was publicly announced that gold possessed no medicinal properties whatever. Years afterwards, when Alchemy had fleeted into thin air, the medicinal properties of gold were revived from dormancy, and, in 1669, Ucay remarked that gold could not be too highly praised as a venereal remedy ; and in two centuries after, as is the custom, the labours of ancestors being unknown or ignored, gold was recommended as a *new* remedy. It is inferior as an anti-syphilitic to both mercury and the iodides. It is perfectly null in primary syphilis. In the consecutive type its action is very doubtful. Cullerier of Paris, submitted 13 patients to gold treatment, and 13 he entrusted to the vis medicatrix naturæ,—the cases were alike, and the results turned out equally similar. Ricord says any benefit from gold is more imaginary than real, and shews, "not the virtues of the medicine, but the advantages of suspending for a while an injurious treatment." The remedy is slow in action, and as it requires

to be given for a long period before any change is observed on the disease, no hasty conclusion should be formed from an observation of only a few doses. Its admirers consider it best adapted for syphilitic eruptions, and for syphilis of the scrofulous. The most active preparation is the terchlorid. Its effects are analagous to those of bichlorid of mercury; in small doses it is said to act more energetically as a stimulant, though less powerfully as a sialagogue. In the dose, of gr, I-10 daily, it has occasioned violent fever; and this effect is required to be obtained, before the full virtues of the remedy will be obtained. After this it is to be suspended, and subsequently renewed, if necessary, in smaller doses. Its dose is gr. 1-30—1-20. It is to be used by friction to the gums, or simply dissolved in water; it is decomposed by mixture with organic substances.

Antimony.—This remedy has been used both singly and jointly, singly it constitutes an important article in the non-mercurial treatment; and jointly, it may be given with any of the former anti-syphilitics. Combined with both mercury and iodid potassium, I have often thought it advantageous, rather, however, from its giving direction to their action than from any power of its own. From some late investigations it would, nevertheless, seem to be valuable *in se*. Cases of primary syphilis are reported to have been cured in from 10 to 20 days —and others of secondary disorders in from I1 to 15 days. No local applications, except the simplest, were used, so that the remedy might be more certain. Cleanliness, repose, and a well regulated diet, were strictly enjoined. But these facts require corroboration, and future observation is demanded to establish the actual merits of antimony as an anti-syphilitic. It appears to be most successful in cases where mercury is least imperative, and *vice versa*. Hence it has failed to effect a cure in syphilitic ulcers with much induration. The best preparation is tartar emetic—it should be given in doses from gr. $\frac{1}{8}$ to $\frac{1}{2}$, every four hours. Mr. Smee does not consider it is contra-indicated by debility, and advises when this is present, that the antimonial be given with iron or zinc.

Mineral Acids.—*Nitric.*—When sixty years ago, it was believed that mercury owed its activity to oxygen, it was inferred that other substances, containing the gas, were homologous to the metal in action. Accordingly, after it was ascertained that nitric acid possessed 5-6ths its measure of the so called active principle, it was naturally esteemed an anti-syphilitic. It has received a patient and liberal trial. It is now considered to be of nugatory efficacy in primary syphilis, when acting by absorption or internally, which as will be remembered, is a sine qua non mode of employment of anti-syphilitic remedies. In regular syphi-

lis, of the consecutive kind, it is decidedly inferior to mercury; but in the irregular types, where this and anyother real anti-syphilitics would be proscribed, it may be beneficially employed. Hence nitric acid is useful in phagadena; sloughing; in syphilis occurring in the scrofulous; in old debilitated constitutions; in systems enfeebled by long residence within the tropics; and where, from misuse, mercury has been pernicious. Nitric acid is not, therefore, a true anti-syphilitic of any power. It is, perhaps, more often prescribed, under the above circumstances, in syphilitic rheumatism, nodes, periostitis, or ostitis; but in all these affections it is not equal to potass iodid. It may be given alone as the acid nitric dil in doses of mn xx to xl with water, or in mixture with co-decoction of sarsaparilla. It requires to be persevered in until ptyalism, or soreness of the mouth, is excited, but this event is not always producible. Occasionally it is resorted to as a bath; ʒiss may be added to every gallon of water for this purpose, should this proportion induce too much cutaneous irritation, the amount of water ought to be increased. It is to be used night and morning; and continued for 10 or 15 minutes each time; it is most suited for those cases in which the skin affection is the most prominent feature.

Nitro-Muriatic.—Enjoys the same properties with the former, and is equally useful. It may be given in doses of from 10 to 15 drops, or used as a bath like nitric acid.

Hydrochloric.—Hydrochloric was introduced as an anti-syphilitic about the same time as nitric acid. It would appear to be the better remedy of the two. Mr. Pearson, after a fair trial of both, gave a testimony rather adverse to the nitric acid, but considered that the hydrochloric could radically cure the disease. It has been largely used in the Vienna Hospital, and several hundreds of cases have been benefited by it alone. It is esential for the success of the treatment, that abstinence be enforced; it has been found to fail when a full diet was allowed. It may be given in the same forms, and doses, as the last. I have no personal experience of it—but presume it is only intended to be employed in the same conditions as the other acids.

Guiacum.—Guiacum, or the lignum sanctum, reminds us of the difference that exists between the opinions entertained of the same agent when it is a novelty and after it has become an antiquity. In the beginning of the 16th century, we are told by Nicholas Poll that in 9 years, more than 3000 diseased persons had derived permanent benefit from the use of this medicine. While on the contrary it is now so little esteemed, that no one even thinks of trusting to it alone, and but few even deign to use it. It is not always easy to account for these changes of the public mind, but in the present instance the explana

tion of the learned Pearson appears to meet the difficulty. "It was administered to persons afflicted with very different forms of disease. One numerous class of patients consisted of those who, having used mercury according to the severe and often injudicious mode, which was practised two centuries ago, found themselves harrassed with pains, nodes, ulcers, and several other symptoms, from which they were finally relieved by a course of guaiacum; hence it was concluded, that this medicine was superior, as an antidote, to mercury. Another class adopted the guaiacum course from the first attack of the disease; and deriving sensible benefit, they hastily presumed that a cure was accomplished; but although their frequent relapses might have shaken their confidence, yet as the renewal of their guaiacum course mitigated the violence of their symptoms, and often produced considerable appearance of amendment, they preferred this palliative method of proceeding, to the more distressing concomitants of a course of mercury." As an anti-syphilitic it is analogous to iodid potassium, it has the power to recover the symptoms but not to eradicate the disease. Mr. Pearson observed that the disease re-appeared in all its violence when the medicine was discontinued. He also found it most useful after a preliminary course of mercury. It is much more efficient in constitutional than in primary syphilis, and is better adapted to ameliorate tertiary than secondary symptoms. Its most striking effects have been to improve the general health, increase the strength, remove thickenings of the ligaments and periosteum, expedite exfoliations, and heal foul indolent sores. In syphilitic rheumatism it has afforded much relief. It may be given as the powder in doses of from ℈ss to ʒss in combination with Dover's powder; this is particularly advisable if diaphoresis be indicated—without this adjunct it is likely to prove aperient. The tinct guaici co in doses of ʒss-ij is also useful, or the mist guaiaci in doses of ℥ss-ij.

Sarsa.—Matthiolus was the first author who wrote on sarsaparilla as a remedy for syphilis. The Spaniards having acquired a knowledge of it from the American Indians, introduced it into Europe about the year 1563 as a cure for venereal. It soon after fell into disrepute, but it was restored to notice during the last century by Dr. Wm. Hunter. Cullen thought so disparagingly of it that in a notice of *eight* lines in his large volumes on materia medica, he said, "I have never found it an effectual medicine in syphilis or any other disease." Physicians gegerally have since his time entertained a similar opinion; while Surgeons on the contrary consider it possesses eminent virtues. It is still largely consumed, and experience favors the latter opinion more than

the former. In one hospital alone, that of the incurables, at Florence, according to Tarzioni Tozzetti, its annual consumption is 650 lbs. It is of no benefit in primary syphilis; and it is generally deficient in the attributes of anti-syphilitics. It has come to be employed, chiefly, either in irregular forms of the disease, such as are developed in the cachectic, scrofulous, &c., or else as a restorative in convalescence, after recovery from irregular syphilis by mercury. It forms a good adjunct to other measures of a tonic character, such as iodid potassium, the mineral acids, &c. Very decided benefit is often derived from it in persons who have become enfeebled from repeated attacks of syphilis, from protracted treatment, and from frequent mercurialization. There is scarcely a symptom of lues for which it has not been used; it will probably be found more beneficial in affections of the mouth and throat than any others, in consequence of its topical action, that of a gentle stimulant on the stomach being communicated to them by continuity of surface—being an additional acquisition to the general action in which they participate with other different affections. Of the various forms in which it may be exhibited, the simple or compound fluid extract is, I believe, best; the dose of either is ʒi-iij, 3 or 4 times a day. It is rarely given alone:—its associate should depend upon the most prominent feature or symptom present,—in regular syphilis, mercury; in affections of the periosteum, iodid potassium; in cutaneous eruptions, mezereon; in rheumatism guaiacum, &c. It is compatible with everything likely to be required, except iodine, sesquichlorid of iron and alkalies.

The remedies now discussed are those most commonly employed in syphilis:—with the exception of mercury—no one conforms to the requirements of an anti-syphilitic; they may, under their most favorable operations, suspend the symptoms, but they cannot, like it, strike at the root of the disease. And this is principally to be referred to their inadequacy to fulfil two of the actions in the modus operandi of an anti-syphilitic, viz: 1. Destroying the vitality of the syphilitic virus, and 2. Normalizing the blood. We therefore must conclude there is but one anti-syphilitic proper, i. e. mercury.

The remedies less commonly employed, the unproved form, as I have before said, an extensive class, a few examples may be mentioned in conclusion:—calotropis gigantia, conium, canella, iodine, iron, juglans regia, mezereon, opium, potass chloras, phosph lime, rumex aquaticus, sassafras, silver.

ART. XXXI.—*Case of extra uterine fœtation.* By THOS. CHRISTIE, M.D., Lachute.

In compliance with your request, I now furnish you with a brief statement of the facts relating to the fœtal bones which I left in your possession, to be placed in the Museum of McGill College.

In the Spring of 1853 I was called to see Mrs. R., aged twenty-two, lately married. She had been obstructed two periods, and complained of nausea, vomiting, and occasionally of pain in the lower part of the abdomen; in short, of symptoms characteristic of the early stage of pregnancy. About this time the family removed to the vicinity of Montreal, and I lost sight of the case, until late in the Summer 1855, when she returned to the country, and her husband called to consult me about her health, from whom I learned the following particulars:—

From the time of my first visit she suffered a good deal from pain and vomiting, till pregnancy appeared to advance favorably. The abdomen enlarged and the movements of the child were distinctly felt, up to the time when she thought the time of gestation was completed. She was then seized with feeble labor pains and vomiting, which continued for several days, but gradually wore off. From this time the movements of the child ceased. The abdomen slightly diminished in size, and her general health became very much impaired. She consulted several Physicians, but derived no benefit from the treatment.

Nearly fifteen months after the completion of the supposed period of gestation, she was again seized with pain in the abdomen, and vomiting, followed by a discharge from the rectum of fœtal bones and putrid blood. Similar discharges took place at intervals for several months, all per anum. She experienced the most excruciating pain on these occasions.

He shewed me the frontal and temporal bones, of a full grown fœtus, which she had voided a few days previously. The bones were in a perfect state of preservation, and partially covered with a crystalline deposit. I did not test the nature of the crystal, being desirous to send you the bones intact.

I stated to Mrs. R. that I thought her case required no interference, that, in all probability, nature would soon accomplish what she had begun. This termination was nearer than I at that time anticipated. The bones which he had just exhibited proved to be the last. She recovered rapidly and now enjoys good health.

This case illustrates in a very striking manner the power of nature in relieving herself.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XLI—*The Transactions of the American Medical Association.* Vol. 9. 1856. Pp. 907. Philadelphia: T. K. & P. G. Collins. Price 15s.

In this volume Professor Hamilton continues his report on "Deformities after fractures" commenced in the last, or eighth, volume of transactions, and purposes completing it in a third paper for the next year's volume. The subject is one of great importance to the practical surgeon; one, moreover, that has hitherto been handled, when at all adverted to, with the greatest delicacy by surgical writers, the general rule being, a studious avoidance on their part of all reference to anything so unpleasant as failure in the treatment of fractured bones. The talented and energetic Professor, conscious that the complete success promised to the careful practitioner, in the event of his adopting certain orthodox methods of treatment, was not always attainable, determined to sift the matter to the very bottom, and by careful measurements at the end of treatment of all cases of fractures coming beneath his own immediate notice and that of his friends, endeavor to establish something approximating to a correct prognosis in these accidents. There is no doubt that he has entered on his labour *con amore*, and he richly deserves the thanks of his professional brethren everywhere, for the honest boldness with which he prosecutes his task. To the American surgeon who is now liable, at any time, to be subjected to a ruinous suit for damages, in consequence of a slightly shortened or inefficient limb remaining after treatment, the determination of the question at issue is of the greatest moment. For if it be satisfactorily proved, and the public generally are made aware of the fact, that notwithstanding the present advanced state of surgical science, and the number and variety of appliances now in use; notwithstanding, moreover, the utmost care and attention on the part of the attending surgeon, fractured limbs are not only *occasionally* but *frequently* incompletely cured, no greedy soulless patient will have the slightest chance of succeeding in mulcting his unfortunate doctor in a sum that is even too large to be paid for the patient's entire carcase.

"I propose" says Dr. H. in his preface, "to deduce from my own experience, and from the experience of other surgeons, as recorded in this report, the true prognosis of fractures. This I shall endeavour to do with care and fidelity, avoiding, on the one hand, if possible, the error of encouraging the practitioner with a prognosis too favourable, and, on the other, the equal wrong of leading him to expect too little. It is

certain that, up to this moment, no one has volunteered to state fully what have been the results in his own practice, or in the practice of the hospital, or other similar institutions, which have been under his immediate charge. In hospital records, you may find patients admitted with fractures, and, reported as 'dead,' or as dismissed cured, 'with the occasional interpolation of a good leg;' and, upon these records tables have been constructed to determine the average fatality of such accidents, and the probabilities of cure; but I have not yet seen any published reports declaring what was the exact amount and value of the 'cure' —how the bone was shortened, or bent, or otherwise maimed and deformed. In short, they still fail to inform us what are the deformities after fractures, which, under fair treatment, may reasonably be expected."

We shall now give the results of his investigations into some of the more common fractures of the extremities. In *thirty-nine* cases of fractured clavicle there were but three perfect cures. The majority of those classed under the head of imperfect cures, consisted in slight riding of the fragments with projection of the inner one, and shortening to the extent of one fourth and one half inch. Various plans of treatment were adopted, the same success apparently attending all. Fox's apparatus—Brown's bandage—Brasdar's jacket—Figure of eight bandage—Back splint and sling—Bandages and sling, with and without axillary pads were tried.

Of *seven* cases of fracture through the surgical neck of the humerus, the cure was imperfect in three, the motions of the shoulder joint being unimpaired, but the lower fragments projecting forwards. In five of the shaft of the bone in its upper third, one was shortened to the extent of one half inch, the use of the limb being perfect; and a second, which was a complicated fracture, died on the twenty-second day. In three cases out of ten occurring in the middle of the shaft, there was shortening to the extent respectively of $\frac{1}{2}$—$\frac{3}{4}$ and 1 inch, while in a fourth union did not take place. In eleven fractures of the lower third, there occurred seven imperfect cures, while in ten at the base of the condyles there were seven. Out of eleven cases of fracture of the internal condyle, there were seven failures, the imperfection consisting generally in a displacement of the fragments downwards, and anchylosis of the joint. Every instance of separated external condyle resulted in imperfect cure. The remarks on each case are:—Condyle projects to radial side; forearm deflected to ulnar side; very little anchylosis.—Condyle projects to radial side; forearm deflected to radial side; anchylosis.—Condyle displaced 6 lines; anchylosis.—Condyle projects a little for-

wards, and forearm is deflected outwards; very slight anchylosis.—Condyle projects to radial side and a little backwards; anchylosis.—Condyle projects to radial side; partial anchylosis.—One fragment not united; use of arm perfect—motions of arm perfect, but radius, which was dislocated backwards, remains unreduced. And lastly, every case occurring between the condyles resulted in imperfect cure.

Fractures in the vicinity of the shoulder joint are exceedingly difficult to diagnosticate. It is all very well for the writers of systematic works on surgery to lay down with rigid conciseness the characteristic symptoms belonging to this, that and the other forms of fractured and dislocated bone, but instances occur, of no great rarity either, in which the skill of the most experienced practical surgeons is found to be at fault. "Although a celebrated writer has affirmed," says Dupuytren, "in allusion to these dislocations and fractures, that there are few diseases the nature of which is better understood, or in which surgical science approaches more nearly to the idea of perfection—it will be shown in the course of the present chapter, how unfounded this assertion is." In this opinion he is supported by many other eminent names, as Sir Astley Cooper, Aston Key, Robert Smith, of Dublin, and Nelaton. The latter thus expresses his views: "mais il n'est peut-être pas possible de distinguer entre elles les diverses variétés de cette fractures, Boyer, qui a plusieurs fois constaté par l'autopsie des fractures du col anatomique, dit que, pendant la vie des blessés, il lui avait été impossible d'assurer du lieu précis où était située la fracture." Professor Hamilton, and, we have no hesitation in saying, every one who has met with many cases of accidents to the bones in the vicinity of the shoulder joint, readily admits the great difficulty that often exists to determine the exact nature of the lesion present.

Of thirty-eight fractures of the radius, not one was attended with such a laceration of the soft parts as to render it compound. Twenty-three occurred in males and fifteen in females. Three occurred in the upper third, two in the middle third, and thirty-three in the lower third. All of the three occurring in the upper third are believed to have been fractures of the neck. Only two fractures occurred in the middle third. In neither case was the resulting cure perfect, one having left a slight impediment in the power of proation and supination, and the other presenting a forward displacement of the fragments. Of the thirty-three fractures belonging to the lower third, twenty-three were near the lower end, or from half an inch to an inch, and a little more, from the articular surfaces; all being included in those fractures called "Colles' fractures." These fractures, according to Smith, who first brought

Abraham Colles' observations prominently before the profession, are usually situated closer to the wrist joint than the appearances indicate. The deformity which Dr. H. met most often in these cases, consisted in a projection of the lower end of the ulna inwards, and generally a little forwards. In a large majority of cases this was accompanied with a perceptible falling of the hand to the radial side, while in a few it was not. After this, in point of frequency, he met with the backward inclination of the lower fragment, the form of displacement found by R. Smith in nearly every specimen examined by him.

Of forty fractures of the radius and ulna, one occurred through the upper third, fourteen through the middle, and twenty-five through the lower third. The one through the upper third resulted in a complete cure. Of the fourteen through the middle third, eight were complete cures, the remaining six being incomplete. In one the ulna had united in seven weeks, but the radius had not in four months; in a second the lower fragment was bent to ulnar side, and four months after fracture the ulna had not united; in a third there was slight deformity and in a fourth the arm sloughed off. A perfect cure was obtained in twenty of the twenty-five cases that occurred through the lower third, the remaining five being imperfect.

We are pleased, we repeat, to see this subject taken up by one so well able to do justice to it as Professor Hamilton, and it is our intention hereafter to take accurate measurements, as well to note particularly every form of deformity remaining after treatment of every fracture coming beneath our notice, and thus assist in determining whether or not perfect cures are invariably attainable by the appliances recommended in the present day.

In addition to the minutes of the ninth annual meeting of the American medical association and the address of the President, Dr. Wood, the volume before us contains the following reports:—Of the Committee of Publication; of the Treasurer; on Hydrophobia; on the causes which impede the progress of American Medical Literature; of the Committee on Medical Literature; of the Committee on Plans of Organization for State and County Societies; on the changes in the composition and properties of the milk of the human female, produced by menstruation and pregnancy; on the Sanitary Police of Cities; on Treatment of cholera infantum; on the use and effect of applications of nitrate of silver to the throat, either in local or general diseases; on the best mode of rendering the patronage of the national governments tributary to the honor and improvement of the profession; of the committee on education; on the medical typography of the eastern shore of Maryland; of

the epidemic of yellow fever in Charleston, South Carolina, 1854; on the meteorology, mortality and sanitary condition of New Orleans for the years 1854 and 1855; on strychnia; its physiological properties, and chemical detection; upon a uniform system of registration of births, marriages and deaths, and the causes of death. Prize Essay on the arterial circulation; its physiology and chief Pathological Relations. By Henry Hartshorne.

XLII.—*On the Constitutional Treatment of Female Diseases.* By Edwd. Rigby, M.D., &c., &c., Fellow of the Royal College of Physicians; senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. Quebec: Middleton and Dawson. 1857. Pp. 256.

The reader will find in this interesting volume a succinct account of the disorders of menstruation; of uterine and vaginal discharges; of inflammation and ulceration of the os and cervix uteri; of displacement of the uterus; of polypus and morbid growths connected with this organ; also, of its malignant diseases, as well as some less definable lesions, as cauliflower excrescence, corroding ulcer. These with the various affections of the ovaries; as oophoritis, displacement and tumor, together with a few extra uterine disorders, as prolapsus vesicæ, pruritus pudendi and tumours of different species at the meatus urinarius, constitute the contents of the 20 chapters, through which the text is distributed. Although professedly "on the constitutional treatment" the author occasionally treats of the appropriate topical expedients demanded in certain cases, and, accordingly, in his last chapter, which is devoted to the consideration of ovarian tumours, we find him entering into the question of tapping and ovariotomy. Coming at a period when the local treatment of uterine disease, inflammation and the so called ulceration of the mucous investiture of the lower part of the uterus, has engaged, as we conceive, an undue share of importance with the practitioner—when by the over-attention he has bestowed upon this no doubt, with limitations, an essential part in the cure, the "constitutional treatment" has fallen into an unmerited and culpable neglect. We cannot but hail the publication of Dr. Rigby's volume with satisfaction, and consider it as opportune and called for. We have pleasure in recommending it, unreservedly, to the notice of our subscribers, and to such who can procure it, as a valuable consultant in the hour of need,

when the mist of uncertainty in diagnosis rises up, and the indications of treatment are not clearly appreciable. Then we are much mistaken if it be not found to contain the words of not only an experienced but, also, of a wise counsellor.

XLIII.—*Lectures on the Principles and Methods of Medical Observation and Research.* For the use of advanced Students and junior Practitioners. By THOMAS LAYCOCK, M.D., F.R.S.E., F.R.C.P., Professor of the Practice of Medicine and of Clinical Medicine in the University of Edinburgh, etc., etc. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1857. Pp. 209.

The Lectures, intituled above, were suggested to the new Professor of Auld Reekie, upon his inauguration to the chair of Medicine. In a prefatory note he apologizes for their appearance by his inability to procure an "Elementary work on the inductive philosophy which he could recommend to his class, for their instruction and guidance in clinical observation and research." To supply this vacuum was, therefore, his desideratum, and the present little treatise is the fulfilment. To convey a yet more intelligent idea of these Lectures we may remark that they are designed to instruct the pupil in a simple and facile manner how to use his reason, particularly, to explain the nature of the mental processes by which knowledge is acquired in his particular sphere of labor, and to teach him the applications to practical medicine of the numerical and analogical methods of research, as powerful aids to the intellectual powers in carrying on observations and investigations into the nature and seat of diseases, as well as the just treatment suitable for individual cases. The Lectures are seven in number and being introductory are necessarily of a promiscuous and desultory character. But we have no doubt their attentive perusal will suggest to the careful reader thoughts estimable for their great value from tending to scientific improvement, and conducing to increase the usefulness of general experience.

CLINICAL LECTURE.

[*From the Lancet.*]

On Paralysis.—By SAMUEL SOLLY, Esq., F. R. S., Surgeon to St. Thomas's Hospital.

LECTURE I.

GENTLEMEN,—Two cases of paraplegia, or palsy of the lower half of the body, now under my care in this hospital, enable me to call your attention in this course of Clinical Lectures to the important subject of paralysis. Paralysis is a term much used out of our profession, and but little understood. It is employed by non-professional persons to designate a cause, not an effect. It is therefore possible that many of you, who are only commencing your studies, still in the embryonic condition of medical pupilage, may have the same vague ideas of the meaning of the term, and none, I am sure, can know too much, think too deeply, or observe too closely, all that relates to this important subject. The practitioner who can diagnose correctly the causes of paralysis in its early states, will often save both the life and the intellect of his patient; the man who mistakes it, often sacrifices both to his ignorance. The diagnosis and treatment of paralysis falls alike to the physician, the surgeon, and the general practitioner. Woe, to you, my young friends, if you do not avail youselves of the opportunities which the large wards of this noble hospital afford. In a clinical lecture I shall not, of course, enter into a minute disquisition on paralysis, but I must say a few words for the instruction of my younger hearers.

Paralysis may be general or local. Its proximate or immediate cause may be pressure on some portion of the nervous system, or disorganization of it. The ultimate cause may be local violence, such as a fracture of the skull or of the vertebral column, effusion of blood as in apoplexy, or a mere "coup de vent," or blast of cold air on the face, inducing facial paralysis or palsy of the portio dura. I have lately had two well-marked cases of local paralysis from a railway accident. In the one there was a deep lacerated wound above the eye, which divided the supra-orbital nerve, and the upper part of the forehead was quite numb; there was entire loss of sensation in that portion of skin which is supplied in a normal state by that nerve. In the other case the auricular nerve, one of the sensory branches of the fifth, was torn through under the skin without any external wound; the skin covering that side of the head was devoid of sensation.

That form of blindness which the ophthalmic surgeon knows under the title of amaurosis, and the public by the name of gutta serena, is a palsy of the optic nerve, sometimes induced by pressure in the globe of the eye, sometimes by pressure on the nerve in its course from the brain, and sometimes by disease of the brain itself; and so I might continue for the next half-hour to give you illustrations of individual forms of paralysis, but trusting that I have said enough to make you understand the meaning of the term, I shall advance at once to special in-

stances of this disease, in the hope of assisting you to distinguish some of its most important and most frequently recurring forms. I wish to assist you especially to distinguish between paralysis arising from disease or injury of the spinal cord and that from disease or injury of the brain. Now, many of the older students will perhaps think this a most easy matter,—that a man must be a fool who cannot do so at once,—but I assure you that this is a mistake.

In the early stages of paralysis it is often by no means easy to do so. I have lately seen two cases in private practice, in which it was difficult to diagnose the seat of the disease. In the one, a case of spinal paralysis, the disease presented so many of the characters of the general palsy of the insane, that a very intelligent practitioner was inclined to regard it as one of the instances of that sad and I believe irremediable disease. The other, which has since proved to be a complete case of cerebral palsy, was in its early stages supposed to be a true spinal affection. In the first case the patient is recovering; in the other he is sinking into a state of hopeless dementia. As I shall relate the first case at length, I will not say more about it at present. Of the case of general paralysis and dementia I will say a few words.

The subject of it is a man who was once as strong and as healthy as any one of you, but his business was an exciting one, requiring great energy, and tasking the brain to its utmost. In order to supply, and, as he believed, by necessity, the waste which his mental and bodily work created, he used to take a large quantity of wine, thus adding fuel to the fire which was kindled within him. I do not mean that he was intemperate in a worldly sense, for a man may take a great deal more of stimulants than is beneficial to his organization without exhibiting any signs of injury at the time; but of this be certain, that if you want to keep your brains in a state of healthful mental activity, you will take very little. The country gentleman and farmer of the old school might drink their wine, their brandy, and their beer with comparative impunity, for their brains were dormant, and these stimulants were the only stimulants their brains received; but woe to the man of intellect, the man who has to live by the sweat of his brain, if he attempts to supply by fermented liquors the loss occasioned by mental labour. He may feel better for a time, but he is sure to sink more rapidly in the end. There was another habit, also, in which my patient indulged, and which I cannot but regard as the curse of the present age. I mean smoking. Now, don't be frightened my young friends, I am not going to give a sermon against smoking, that is not my business; but it is my business to point out to you all the various and insidious causes of general paralysis, and smoking is one of them. I know of no *single* vice which does so much harm as smoking. It is a snare and a delusion. It soothes the excited nervous system at the time, to render it more irritable and more feeble ultimately. It is like opium in that respect, and if you want to know all the wretchedness which this drug can produce, you should read the "Confessions of an Opium-eater." I can always distinguish by his complexion a man who smokes much, and the appearance which the fauces present is an unerring guide to the habits of such a man. I

believe that cases of general paralysis are more frequent in England than they used to be, and I suspect that smoking tobacco is one of the causes of that increase.

But I must not detain you any longer from the immediate subject of this clinique. The two cases now in the hospital that I am about to relate, from the notes of my dresser, Mr. Sprakeling, are both cases of spinal paralysis, the one induced by the pressure of an angular curvature of the dorsal portion of the vertebral canal, the other by a blow on the lumbar portion.

William W——, aged thirty-two, compositor, was admitted into Abraham's ward on the 17th of June, 1856. He is an unhealthy, strumous looking man, who states that he never noticed any projection or curvature of the spine till six months ago, but since that time has noticed it gradually coming on. (Let me here remark that this angular curvature is almost always a strumous disease, commencing in the cancellated structure of the bodies of the vertebræ. If you look at this preparation, you will see exactly how it occurs. The body of one or more of the vertebræ being absorbed, the bones above and below fall forward, so as to meet and supply the vacancy. If it were not for this arrangement, our patient's life would not be worth an hour's purchase; for the beautiful protective apparatus of the spinal cord being deficient, its delicate and soft substance would be torn in the first movement that was made. Instead of being slightly pressed, as at present, it would be divided. The angle of the back is the proof that the column is not separated in front.) About six weeks ago, he first began to be sensible of some alteration of temperature in the lower limbs, with numbness and occasional twitchings and rigidity of them. He then began to lose power in them, and for the last three weeks they have been totally paralysed. At present, there appears to be an angular curvature of the spine in the dorsal region; he seems to have lost the use of the lower extremities entirely, but, with the exception of the feet there is no very perceptible coldness; he has, however, lost almost entirely the sensibility of them. There are occasional spasmodic twitchings and startings of the limbs, but there does not appear to be any tightness over the chest, or dyspnœa. The bowels are costive, but he has not lost, control of the sphincters. He has, at times, some difficulty in micturating, with frequent desire to do so, but inability properly to empty his bladder. There appears at present considerable tympanitis, but no great distension of the bladder. His appetite is deficient; urine clear and unsedimentous; pulse 92, of considerable power; tongue clean. Ordered mercury with chalk, two grains every night. A moxa on each side of the spine. (Believing that the cause of the paralysis in this case is the pressure caused by effusion into the canal at the seat of the angular curvature, I have ordered those remedies which I think are more likely to promote the absorption of the offending matter.) He has never injured the spine from a blow or a fall.

June 25th.—States that he has felt some tingling in the toes and foot, but there is no increase of sensibility in the paralysed limbs. He is

suffering from indigestion. Dyspeptic mixture, one ounce, to be taken twice a day.

27th.—There seems to be a slight increase of sensibilty in the left foot and leg. He suffers a good deal from tympanitis. The bowels are only relieved by aperients.

July 5th.—There is still a good deal of tympanitis, and he complains, and has complained for this last week, of pain in the right hypochondriac region, where there is some tenderness on pressure. The bowels are relaxed. There is a decided increase of sensation in both legs. Pulse small and feeble; tongue clean. Aspect rather improved, as also is his appetite.

11th.—Complained on the 9th of a good deal of pain in the bowels and in the right hypochondrium. Ordered, iodide of mercury, half a grain, opium, half a grain, every night. Today he seems somewhat relieved from the pain, but complains of a good deal of general weakness. Pulse 84, weak; tongue clean.

19th.—He does not complain of so much pain in the right hypochondrium or in the bowels. There has been no further improvement in sensation; there are dull aching pains now and then in the legs, with spasmodic startings of them. (I regard these aching pains as a favourable sign; they always precede the natural sensation in the part. I dare say that some of you who are working hard at your profession all day in the hospital have a nap afterwards, previous to commencing your evening work. Occasionally, one of your legs falls asleep, as the ordinary expression is, and it does not awake with the rest of the body. Your leg, in fact, is numb and powerless from pressure on the nerves, usually the popliteal. Now you must all have remarked that before the natural sensation returns, a most unnatural and painful sensation precedes it,—a tingling or "pins and needles," as we call it. This, on a small scale, and acting very quickly in your persons, is identical with that which is going on more slowly, but I believe as surely in this patient.) The tongue is clean. The moxa having healed, a fresh one was made to day.

26th.—He continues much the same.

31st.—Much in the same state.

Aug. 3rd.—The moxa repeated. Ordered mixed diet.

21st.—He has improved but slightly. He states that he often feels pricking sensations and startings in the limbs. Sensation has slightly increased, but there is no power of locomotion. His bowels have lately been much confined, but he has experienced considerable relief, and has felt himself better, after an aperient taken yesterday. He states also that his appetite has much improved, and he feels altogether stronger since he has taken the cod-liver oil. Pulse 84, firmer.

26th.—He thinks that sensation in his legs has further increased. Ordered, mercury with chalk, two grains every night.

Sept. 20th.—Repeat moxa. Compound rhubarb pill five grains every night.

Oct. 8th.—Within this last fortnight he fancies that there has been a diminution of sensation. Up to this time, the paralytic symptoms

have remained much in the same state. At present he has very little feeling in the right leg when touched, sensation appearing to be more perfect in the left. His general health, up to the last three or four days, has improved; he is now, however, complaining of being weak and low-spirited; pulse 76, small and weak; bowels are now confined. To take, iodide of mercury, half a grain, every night.

14th.—The paralytic symptoms remain much in the same state. Sensation varies a good deal, being more perfect on one day than on another, but the power of locomotion has not increased. He is often troubled to retain his urine. The state of the bowels varies, being sometimes relaxed, and sometimes confined; pulse small and weak.

Nov. 7th.—Still improving.

I have very great hopes that this man will perfectly recover. It may require some faith on your part to believe me when I say that those limbs which are now so senseless and motionless will again support his body, obey his commands, and be recognized again by their sensation as a part of his living structure. I have seen and published the recovery of cases quite as unpromising as this. It may take some months yet to accomplish it, but happily, in a hospital, we are not liable to be cut off in our course of treatment by the impatience of the patient or his friends.

In the next case we shall find the improvement more rapid.

Eleanor V——, aged fifty, housekeeper, admitted into Queen's Ward, August 19th, 1856. She is a hearty, strong woman, of florid complexion, who states that she has occasionally suffered from rheumatism, and had an attack of fever twelve years ago, but with these exceptions, had always enjoyed good health up to her present illness. She states that her mother and three sisters died consumptive, but her father was always a healthy man, and died at the age of seventy-three years. She ascribes her present condition to a fall she had down-stairs two years ago, whereby she hurt "the lower part of her back." Directly after this fall she felt total loss of power in the legs, with numbness, which lasted about an hour, after which she was able to get up and walk about. Soon afterwards, however, she noticed great coldness of the lower extremities, with loss of power in them, which symptoms have gradually increased up to the present time. There is now some coldness of the feet, but not of the legs. There is great loss of power in the legs, and a considerable loss of sensation, but no numbness. She can walk, but is obliged to be supported to prevent her falling. She suffers also from startings and prickings in the legs, and when she moves them, she states that she feels pain in the back. There is no abnormal curvature or malformation of the spine, but she experiences considerable pain when the second or third lower lumbar vertebræ are struck. There is slight incontinence of urine, but her bowels are regular. Her general health and assimilative powers are good. Pulse 120; tongue slightly coated; she has occasional rigors. There is a small ulcer on the left leg, about the size of a sixpence, with a broad red circumference. She was ordered to take two grains of calomel and

half a grain of opium every night. Moxa to be made on the side of the spine; water dressing to be applied to the ulcer.

Aug. 27th.—She thinks that she can move her legs better, and sensation in them has increased; her gums are sore from the mercury. Omit pill.

Sept. 3rd.—She has been gradually improving. She can now stand up for a considerable time, and without pain. The issue continues to discharge well. She says she feels herself getting stronger, and can walk from one end of the ward to the other without support. Bowels regular; tongue clean; pulse 98, tolerably firm; appetite good.

11th.—Still improving. The sensation in her legs has returned perfectly within the last three days, and she can stand up for a longer time than she could. Appetite good; bowels regular.

13th.—She says that she can feel a sensible improvement in herself every day. Yesterday she could stand up for a much longer time than usual. She is very comfortable and cheerful.

19th.—Improving daily. Yesterday she was able to walk to the end of the ward and back again without any assistance. Feels very well, but rather weak.

24th (Wednesday).—Last Saturday she began to sit up all day, and has continued to do so till the present time; but she is not so well to-day, and is weaker in the limbs. She was ordered to keep her bed again to have another issue made in her back, and to take one ounce and a half of iodine mixture twice a day.

30th.—Much the same. She has not been out of bed since the issue was made, and feels out of health from having caught cold. Tongue rather furred; bowels regular. Ordered one grain of iodide of mercury and half a grain of opium every night.

Oct. 7th.—She has recovered from the cold, and feels considerable better. Tongue cleaner.

13th.—The gums are now swollen and tender. She can now raise her legs up in bed, whilst lying in the recumbent position, which she was unable to do on her admission. She also, this morning, walked across the ward without assistance. She is now able to retain the urine, and the bowels act regularly. Sensation in the legs perfect. She is not troubled with prickings or startings in the legs now. Pulse full; appetite good.

One peculiarity in this case—and it is a peculiarity of great importance in a practical point of view—is the length of time which elapsed between the occurrence of the injury and the paralytic symptoms—nearly two years. Let this fact warn you, when you are engaged in private practice, to give a very guarded prognosis of the consequences which may ensue from a blow on the spine, and let it remind you to inquire particularly as to the antecedents in a case of paraplegia, where the causes are obscure and the diagnosis consequently difficult. This again brings to my mind the case that I referred to at the commencement of the lecture, and which I wish to relate to you in connexion with this subject; but I find by the time which has elapsed I must reserve it for another time.

THERAPEUTICAL RECORD.

Mechanical Pressure in Spermatorrhœa.—Prof. Trousseau has in many cases found the employment of mechanical pressure of great utility, this opposing alike the exaggerated contractility of the vesiculæ seminales and the want of resistance in the ejaculatory vessels. He learnt the plan accidentally from its being practised by a charlatan. It consists in the passing into the rectum a wooden, smooth, ovoid body, of different sizes, according to the individual, which is supported at the perinæum by a portion of vulcanized caoutchouc passing through a metallic ring at the stalk of its body. After wearing it a short time the discharges diminish or cease. In this affection, too, he strongly recommends the application of hot water, hot sand, &c., to the perinæum, which, although temporarily increasing the irritation, eventually reduces it.—*Union Med.* No. 85.

Salt in Intermittent Fever.—Dr. Moroschkin observes that during the prevalence of scorbutus and ague in the Transcaucasian province of the Black Sea, quinine sometimes entirely lost its powers. When no very prominent scorbutic affections were present he administered 1 oz. of salt in water, in two doses daily, during the absence of the apyrexia. In patients in whom the paroxysms were incomplete, very abundant sweating followed, the skin re-assumed its normal appearance, and the various other signs of amendment followed, the disease becoming cured in a few days, and the dose having been diminished. In cases in which the improvement was only partial, quinine now became more efficacious. Of 103 cases, 70 were completely cured, and the others meliorated.—*Schmidts Jahrb.* Band XC. p. 168.

Blisters to the Cervix Uteri.—M. Aran states that he has derived great advantages from the direct application of blisters to the cervix uteri, and the following are his conclusions:—1. They act there in the same way as upon the surface of the body. 2. They give rise to no inconvenient symptoms, not even as relates to the bladder. 3. They are chiefly useful in chronic uterine affections; and act by dissipating pain, whatever may be its source or character, whether idiopathic or symptomatic of organic disease, by dispersing engorgements of the organ, whether accompanied by induration or not, and by inducing the topical modification of diseased surfaces of the cervix (as erosions, ulcers, granulations,) leading to rapid cicatrisation.—*Bull de Thérap.* Tom. LI. p. 68.

Collodion in Umbilical Hernia.—M. Mahy calls attention to the great utility of this, when used fresh and pure, possessing all its contractile power. Elastic collodion, containing castor-oil and turpentine, is too flexible. The collodion in drying effects the reduction of the hernia, keeps it reduced, and favours the contraction of the aperture. If the skin around the dried collodion becomes too wrinkled and irritated, it should be smeared with cerate or glycerine. The collodion remains *in situ* seven or eight days, then becomes gradually detached, and may

be renewed. The application in no wise prevents the use of baths, or the cares the child may require. When the collodion is old, it requires renewing every other day.—*Bull de Thérap.* Tom. LI. p. 87.

Arsenic in Intermittent Mania.—Intermissions in mental diseases is by no means a rare phenomenon, but it is almost always complete, it being rare for a patient to enjoy complete lucidity in the intervals. Such cases are, however, occasionally met with, and one recently occurred to M. Moreau at the Bicêtre. Quinine, according to some, is of avail under these circumstances; but M. Moreau has employed it in various ways and doses, but never with decided success. He has since substituted arsenical preparations with much better success.—*Gaz. des Hop.* No. CXIII.

Local Application of Carbonic Acid Gas.—M. Monod states, that he and M. Demarquay have made repeated trials of this with great success in carcinoma uteri, and uterine neuralgia. They have extricated the gas by means of a common Briet's gazogene, and, prolonging the application for thirty or sixty seconds, M. Broca has found the application useful in highly irritable bladder.—*Gaz. des Hop.* No. CXXIX.

Ergotine in Epidemic Diarrhœa—M. Massola, during epidemic diarrhœa that proved fatal to the Sardinian troops in the Crimea, found astringents, tonics, opiates, or stimuli, of little avail, and then tried the effects of *ergotine* in about twenty of those patients who were suffering from profuse chronic asthenic diarrhœa. From 15 to 30 grains were given in 30 drachms of sweetened water, a table-spoonful being taken every half hour. The result was in the highest degree satisfactory, when all future experiments were cut short, the supply of ergotine having gone down in the Crimea.—*Comptes Rendus,* Tom. XLIII., No. 7.

PERISCOPE.

Perchloride of Iron as a Hemostatic.—A correspondent of the "Moniteur des Hôpitaux" (1856, No. 24,) states, that one of the principal elements of success in the difficult and dangerous operations M. Maisonneuve is famous for undertaking, is the remarkable use he makes of hemostatics during their performance.. He cites a recent case, occurring in a lad of sixteen, of fungus tumour of the dura mater, the growth of which, after having been temporarily arrested by ligature of the carotid, took on enormous proportions, and was acccompanied by exhausting hemorrhages. M. Maisonneuve determined upon its removal, but the tumour bled on the slightest contact, and the patient would not be able to bear the slightest loss of blood. The line of incision extended from the anterior parts of the ear to the summit of the head, and descending along the nose, was carried backwards, and then upwards to the base of the jaw, and its point of departure. A great number of arteries were

thus divided, five or six of which, by reason of their anastomic enlargements, had acquired almost the size of the radial artery. Intelligent assistants immediately compressed them with the finger, but it was impossible to thus continue the dissection without exposing the patient to the danger of death from syncope. M. Maisonneuve therefore applied to each vessel a little pledget of charpie, soaked in perchloride of iron, which was allowed to attach itself to the wound. At every stroke of the bistoury or scissors he applied a new plug, so that during the operation the patient scarcely lost a spoonful of blood; and when the tumour had been entirely removed, the entire surface of the wound was found completely dried and tanned, and was at once dressed, without the necessity of the application of a single ligature. The brown eschar which covered the wound was detached about the 20th day, without giving rise to any hemorrhage; and although the cure can scarcely be expected to prove radical, the patient for the present is perfectly well. —*Monthly Stethoscope, Nov.* 1856.

Cure of Nails in the Flesh, without operation, by the use of a solution of acetate of lead.—The *Correo Medico Quirurgico* publishes under the above title, a communication to the Surgical Academy of Majorca by Dr. Romualdo Saenz, which contains a clinical verification of the etiological and therapeutical ideas concerning the disease in question, put forth by Professor Van Wangening, of Holland. According to these two observers, the expression *inverted nail*, is incorrect, and leads to improper treatment: the nail does not enter the flesh, but the reverse, the soft parts extending over the nail, in consequence of inflammatory swelling. The indication, therefore, is to cure the chronic inflammation, and repress the fleshy excrescences; a result which may be accomplished by the use of a saturnine wash, as first recommended by Van Wangening.

The diseased parts having been washed with tepid water, the nail should be gently separated from the fungous growth by which it is covered, and two or three drops of the liquid subacetate of lead dropped between them: the parts should then be covered with raw cotton wet with the same liquid. This dressing should be repeated every hour, or every two or three hours, taking care to change the cotton every day, as it becomes hard in the course of twenty-four hours, and will no longer imbibe the solution. The application forms also, upon the surface of the granulations, a solid crust, which it is necessary to remove to prevent purulent accumulation. This dressing should be continued until there is a complete cure.

In proof of the efficacy of this treatment, Doctor Saenz reports several cases in which it was entirely successful. The first was that of a woman, forty years of age, in whom the disease affected the index finger of the right hand: the flesh covered nearly the internal half of the nail, and was the seat of violent pain. Various topical remedies had been employed without avail. Dr. S. ordered the foregoing dressing to be applied, and a cure soon followed.

The second case was that of a woman who had been a great sufferer for a long time, the disease occupying the ring finger of the left hand. Fungous granulations covered nearly the entire nail. Various unsuccessful applications had been made, including the nitrate of silver. The same treatment was ordered as in the preceding case, and in a short time the disease was entirely cured.

In another case, occurring in the right index finger, the diseased parts had been touched with turpentine, which greatly aggravated the pain. In this, as in the others, the saturnine solution produced a rapid cure.

In many other cases mentioned by Dr. Saenz, including one in which the great toe was affected, the treatment was equally successful.

Finally, Dr. Saenz claims that the acetate fulfils, in the treatment of this disease, all the precepts included in the motto, *cito, tuto, et jucunde,* and is an example of true progress in modern therapeutics, since it forms an effectual and painless substitute for the violent surgical means heretofore employed. The claims of Dr. Saenz are, however, doubtless exaggerated. In many cases in which the inversion depends upon a vicious conformation of the matrix of the nail, and such cases are incontestable, the means of cure are necessarily mechanical, and the solution of acetate of lead comparatively useless; but, on the other hand, we are willing to believe that Drs. Van Wangening and Saenz have cured cases by the means described, and have therefore rendered an essential service to the healing art.—*Revue Therapeutique Med. Chir.*, Sept. 15, 1856.

Treatment of Laceration of the Perinæum. By Professor SCHUH, of Vienna.—RECENT ruptures of the perinæum heal easily, provided the sphincters of the anus are not implicated. Cleanliness and quiet are ordinarily sufficient, especially when aided by the lateral decubitus, the thighs being flexed. In case of mortification of the edges of the wound, we must wait until the sloughs are separated, when union may be effected by the suture. If cicatrization has taken place without union, the perinæum will have disappeared, and the labia will be retracted, because the sphincters of the anus having been torn from their insertion in front, preserve their posterior attachment, which is now the only remaining fixed point towards which all parts are drawn. At a certain height in the vagina, the walls of that canal and of the rectum are in contact; below, the anus and the vulva are separated by the length of the perinæum. A triangular space results from this condition of things, its base being formed by the perinæum, and its summit by the point of contact of the walls of the vagina and rectum. Hence rupture of the perinæum presents a particular form: below, there is a triangular surface on each side (derived from the rupture of the space we have just described), while above, the separation may be called linear, corresponding to the union of the two partitions. The latter may extend more or less high.

The operation employed by M. Schuh is not new, nor does it present any special peculiarity; but it is minutely described, as if written down at the operating table, and the celebrated professor, having, in fact, succeeded ten times in ten operations, is entitledto some authority in the case.

The woman is placed upon her back, in the position for the operation of lithotomy, the thighs and legs flexed and separated by a pillow placed between the knees. The operator commences by denuding the superior angle of the division, that is to say, the part formed by the union of the vaginal and rectal walls, by thrusting a pointed bistoury above this angle, and dissecting from each side a small strip including the entire thickness of the cicatrix. These incisions extend to the summit of each lateral triangle. The parts to be divided are kept on the stretch by the left hand of the operator. The next step is to remove the cicatrix which forms the lateral triangles. The tissues being well stretched, the posterior border of one triangle is circumscribed by an incision commencing at the end of one of the preceding, and following exactly the rectal mucous membrane. This incision should terminate externally, four to six lines below the level of the anus. If a portion of the cicatrix still remains, not included in that to be removed, or if there is a prolapsus recti to be treated at the same time, the incision should be inclined still further backwards, so as to fall from four to six lines below the anus. The same incision is to be made upon the vaginal mucous membrane of the triangle, care being taken to bring it well forward, so as to encroach upon the labium, in order that the new perinæum may extend further forward than the old one, and the external orifice of the vulva be diminished. Lastly, the two outward extremities of these two incisions are to be united by a third, which extends along the base of the triangle. It is this which determines the length of the new perinæum, which ought immediately after the operation, greatly to exceed that of the normal one. Thus, the three sides of the lateral triangle are circumscribed by three incisions, commencing by the posterior, or rectal; next, the anterior, or vaginal; lastly, the inferior, or perinæal. The same operation is to be repeated upon the other lateral triangle.

The second state of the operation consists in removing the triangles circumbscribed by the preceding incisions. Above, they are formed by the cicatrix; below, by the healthy skin of the internal part of the nates. This section should be made as evenly as possible. In the neighborhood of the anus, the layer to be removed will be thicker, so as to expose the muscular fibres of the sphincter. Observing the extent of the wounds, and placing them in contact by bringing the nates together, they appear much too large—it seems as if they would unite the nates to a very great extent. This, however, is necessary, for after a few weeks the cicatrix contracts to a surprising degree, and the perinæum becomes much shortened.

The third stage, the coaptation of the parts, may be executed in different ways. If the rupture does not extend upward beyond the recto-vaginal triangle, the two lateral triangles touch at their superior angle,

or, at most, there is a slight wound of the septum. In this case we proceed at once to insert the quilled suture. When the laceration has implicated to a certain length the recto-vaginal septum, we must begin by uniting this with two or three stitches as far as the place where the triangles commence. This may be done with common needles, and the extremities of the threads may be allowed to hang out of the vagina, care being taken to distinguish them apart, by making a knot in the first, two knots in the second, &c. *Serre nœuds* may be used, to maintain the tension of the thread, and the removal of the ligatures is thus rendered more easy.

Cicatrization is often facilitated by dividing the sphincter ani near the coccyx, in order to prevent the rupture of the newly-united tissues by the movement of the bowels. This plan, first recommended by Dr. Horner, was unwisely rejected by Dieffenbach. The section of the sphincter is not indispensable, but it is free from all objection, and is especially useful with patients affected with chronic diarrhœa, or who are liable to diarrhœa from slight causes. One of the operations of M. Schuh partly failed, on this account, and it became necessary to repeat it. This case suggested to M. Schuh, who was not aware that it had been already recommended by Dr. Horner, the idea of this modification of the operation. The sphincter must not be divided, when (which is rarely the case) a prolapse of the rectum also exists. The muscle is to be cut with a blunt-pointed bistoury, before the quilled suture is introduced, just as in the case of fissure of the anus. (Why not make a subcutaneous section?) If a fold of the rectal mucous membrane projects through the incision, the latter must be again united by ligature.

The quilled suture, the only one employed by Roux and Duparcue, cannot be replaced by the simple suture, as Dieffenbach maintained. A very large needle is thrust in at a distance of half an inch to an inch outside the middle of the lower line of the triangle, and brought out at the upper angle, or near the last stitch, if any have been made. Having drawn it through (which is much facilitated by Dieffenbach's *porte-aguille*, if the triangle is very large), it is to be re-inserted into the superior angle of the other triangle, and made to pierce the skin of the opposite buttock, at the same distance from the edge of the wound as on the other side. A second thread is introduced in the same manner below, and a third above the first; the two last, of course, do not reach to the upper angle, but enter about the middle of the rectal and vaginal sides of the triangle. The quilled suture is completed in the usual way, and drawn rather tightly, in order that the denuded surfaces may be exactly applied throughout their depth. Care should be taken that no fold of the mucous membrane of the rectum, which may, perhaps, be somewhat relaxed, slips between the edges of the wound; this should be ascertained by cautiously inserting the finger into the vagina after tightening the ligatures. In case of such an accident, we must try to push back the presenting part into the rectum, by means of a probe, and if it will not stay there, an additional stitch must be inserted at this place. If this manœuvre is too difficult, the threads of the quilled suture may be slackened.

Lastly, to bring together completely the edges of the skin, which always gape in places, as many stitches as are necessary may be made externally.

The consecutive treatment requires much care and attention. The patient should lie on each side by turns; the thighs and the legs must be moderately flexed, and a pillow placed between the knees. There is only moderate fever, and the local inflammation is not sufficient to require cold applications. If there be retention of urine the catheter must be used; and in general it is well, though not indispensable, to draw off the urine, in order to prevent it from coming in contact with the wound. For the same reason, after the second day, injections of tepid water ought to be made into the vagina, several times daily. With these precautions, cicatrization will take place, notwithstanding the existence of leucorrhœa.

It is of the last importance that the patient should have no movement of the bowels before the eighth day. For this purpose the diet should be low, and opium should be given to those patients who are not habitually constipated.

The external sutures may be removed between the third and fifth day, the posterior ones one or two days later than the anterior, because it is very desirable to obtain an exact union of the sphincter. The stitches in the recto-vaginal septum ought to be removed with great precaution, unless the *serre nœud* has been employed. The extremity of the upper thread should be gently drawn, and a small director inserted under the knot, which can then be cut with a knife or scissors.

The quilled suture should not be removed before the sixth or seventh day. By that time large quantities of pus are discharged from the holes made by the needles, and also by the vagina. The cylinders being removed, if the union is not found to be complete, the wound and the vagina are to be carefully cleansed, and the cylinders re-applied, the same thread being used, *in situ*. If a separation of the wound is manifest one or two days after the removal of the suture, a new one should be applied, with two threads only, one of which ought to be inserted near the rectum. In this case, the needles should never be introduced into the old openings, and the edges of the wound should not be separated, which is the less necessary, as the needles need not be inserted so deeply as before.

When union is established, a movment of the bowels is to be obtained, on the eighth or ninth day, by means of castor oil, or the lenitive electuary, &c. The patient sholud avoid all efforts of expulsion, and if the faecal mass should be arrested some time at the anus, its removal should be assisted by a curette. From this time, an enema containing oil is to be given daily, and more substantial diet may be allowed.

A recto-vaginal fistula sometimes remains, especially in cases of deep laceration; one of the sutures in the septum, or the middle thread of the quilled suture, that which includes the upper triagle, may have cut through the soft parts. Even if the opening be large enough to admit the end of the finger, we need not despair of a cure; cleanliness, tepid

hip-baths three times daily, vaginal injections, and, if necessary, cauterizations with the nitrate of silver, will gradually bring about its obliteration.—*Boston Med. and Surg. Jour.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

COLLEGE OF DENTISTS, ENGLAND.

A new institution, having this title, has been recently organized in London. The general object is the advancement of dental science, and to accomplish this end means will be provided for the professional education and examination of future practitioners in the art. The mother country has been inexplicably slow in attending to this important matter, for such a step should have been made years ago. On this continent the dental profession has not met with such unmerited indifference. Similar associations to the above have been long in operation in different cities of the United States. And through their efficiency students are yearly sent out well versed in the departments of their art, and admirably qualified to perform the discharge of its various requirements with ability and success. The Anglican College has begun this Session a course of Lectures upon Anatomy, Physiology, Therapeutics, and Microscopical Anatomy, Chemistry, &c. They intend shortly to procure a Charter of Incorporation from the Government, and thus become an established institution of the country. And we have no doubt, in time, their general usefulness will be fully recognized and find an outlet through numerous channels intended to be ministers to the public weal. When will our Canadian fraternity band themselves together for a similar purpose? It is rather premature, probably, to expect that anything so extensive could yet be done, but we hope the time is not far distant when the increasing necessities of a rapidly multiplying population will require more practitioners than at present, and then the feasibility of a like incorporation will be entertained. In the meanwhile, we think, something in a less imposing way might be undertaken by the formation of a Dental Society, in which the members might, by mutual efforts, endeavor to elevate their professional position, and by joint contributions add to the common stock of knowledge,

as well as carry out other matters of detail that would naturally suggest themselves on examination.

A RECREANT McGILLITE.

The graduates in medicine of McGill College have hitherto conducted themselves in so orthodox a manner, and have earned such golden opinions wherever they have practised their profession, for their knowledge, uprightness of conduct, and gentlemanly behaviour, it grieves us much to record an unprofessional act on the part of any one of them, and more so, to notice a defection to the ranks of quackery. We clip the following advertisement from the Hamilton *Semi-Weekly Spectator*:—

ECLECTIC PHYSICIAN.

Dr. J. M. Van-Norman, graduate of McGill College, Montreal, and licentiate of the College of Physicians and Surgeons, Lower Canada. After several years successful practice of the eclectic and reformed system of medicine, has by the solicitation of numerous friends removed to the City of Hamilton, where he will be happy to receive the patronage of the afflicted generally; and especially of those who, with himself, believe that nature in the vegetable kingdom has provided suitable remedies for all the diseases to which the human system is liable. Dr. Van-Norman has been particularly successful in his treatment of chronic, or diseases of long standing, to which he will give special attention, as scrofula in all its forms, lung diseases, &c., &c.....

When this Dr. Van-Norman was licensed by the College of Physicians and Surgeons of Lower Canada to practise medicine and surgery in this Province, it was such medicine and surgery as he had been taught in McGill College, and which, at his examination, he distinctly affirmed he would practice. He never received a license to practice eclecticism. He ought not, therefore, to associate either the College of Physicians and Surgeons, or the McGill College with his name as a practitioner of the eclectic or reformed system (save the mark!) of medicine.

Happy city of Hamilton! To be the selected residence of the great and successful practitioner of the "reformed system of medicine," is certainly a transcendant honor. How thankful the citizens ought to be at the success which attended "the solicitations" of Dr. Van-Norman's numerous friends. And surely the "afflicted generally," with all who believe in the power of "hot drops," and "lobelia pukes," will crowd the office of this curer, in particular, of diseases of long standing.

THE LATEST ANŒSTHETIC.

A new year ushered into the London world a new anœsthetic; Dr. Snow is now acting as its nurse and the bantling is being shown through the wards of the mammoth hospitals. Its peaceful slumbers excite the gaze and admiration alike of all beholders. Yet whether it will be allowed to rest in shades like an elegant flower or fulfil other unknown destiny, time alone can reveal. But to be at once grave and severe, let us add. This new agent may be prepared from fusel oil, by distilling this material with chlorid of zinc. It is called amylene, and is composed of carbon and hydrogen, each in equal atoms of 10. Like chloroform it is a liquid, and one that is heavier than water, but its vapor is less pungent than the latter's, and therefore it is easier to breath. It is doubtful whether it will ever become a permanent substitute for the more favourite substance, because it is more expensive than chloroform —a greater quantity is required to be respired before the desired result is produced—its effects are very transient, and it induces a condition of muscular rigidity in the parts operated on or being manipulated, so that it is not suitable to facilitate the taxis or aid the reduction of a luxated bone. It was described as a chemical agent by Cahours, about 15 years ago, and a few months since, discovered to be an anœsthetic by Dr. Snow.

DEATH OF DR. PARIS.

Among the distinguished dead, of the last month, is Dr. John A. Paris, late President of the College of Physicians, London; the following particulars of his life are gathered from a London paper:

He was born at Cambridge on August 7, in the year 1785, and at twenty-two years of age he was elected physician to the Westminster Hospital, London; and he continued in the active exercise of his professional duties until within a fortnight of his death. For fifty years then, was he engaged in the alleviation of suffering and in the relief of afflicted humanity.

To Dr. Paris, the office of the physician was no hireling's work to be hurried through for the accumulation of a fortune or earning distinction. It was the business and glory of his life. When but fourteen years of age, he commenced his studies for the arduous profession on which he was about to enter, and followed them up with a zeal incredible in so young a person; when he had attained the ripe age of three-score years and ten, the old man true to the resolution of the boy, voluntarily took upon himself the arduous duties of President of the Medical Council of

the Board of Health, and with his own hand wrote the introductory report on the cholera of 1854.

Among his contempories at College he was distinguished for the extent and elegance of his classical attainments. He studied at Edinburgh, then remarkable as a school of medicine, and was the friend and intimate companion of the many celebrated men who had congregated at the Scottish capital. On his return to London, he soon after vacated the above appointment, as it was his wish to establish himself in the town of Penzance, in Cornwall.

During his residence here, Dr. Paris distinguished himself as the founder of the Royal Geological Society of Cornwall, the first Society of the kind in England. When at Penzance, too, he gave to the miners the great boon of the "tamping-bar," the instrument by which they are enabled to pursue their business amid inflammable gases without the fear of striking fire from the rock. By this simple but admirable invention he no doubt saved more lifes than many heroes have destroyed. In the year 1810 he returned to London, and here for 45 or 46 years he was actively occupied as a practicing physician. He was eleced President of the College of Physicians in 1844, and this office he held until the hour of his death.

Dr. Paris was not only known as a physician of the highest eminence —he was as remarkable for his literary ability. The *Life of Sir Humphrey Davy* will ever remain one of the classical biographies of the English language. In connection with Mr. Fonblanque he also wrote the *Medical Jurisprudence,* which has remained a text book with lawyers until our own day. His works of a more professional character were his treatise *On Diet,* which first brought him into notice, and which was published at a very early age; his *Pharmacologia,* which has run through more editions than most books; and his work on medical chemistry. Besides these and many other publications, his *Philosophy in Sport* has attained an enormous popularity.

CIRCULAR TO PHYSICIANS.

Will you be pleased at your earliest convenience to answer the following questions, or any of them, *at length,* if yonr times permits. Due credit will be given in the respective reports to any gentleman, who may communicate valuable facts:

1. Are you engaged in practice of obstetrics, and how long?

2. Have you kept a registry of births, or can you, to some extent from memory state the number of preternatural presentations that oc-

curred in your practice? Their proportion to natural ones? The mode of treatment t Success in regard to mother and child?

3. Have you employed the cephalic version? How often and with what success?

4. Have you employed Ergot in difficult labor? With what result to mother and child? Is there, in your opinion, a greater proportion of still born children where it is employed?

5. Have you seen cases of Puerperal Fever, Puerperal Convulsions, Puerperal Mania, Phlegmasia Dolens, Trismus Nascentium, etc? What were their causes, prodromes, symptoms, treatment and results?

6. How many regular, how many irregular, how many female practitioners are there in your distrct; how is the practice distributed among these three classes?

7. Are you cognizant of any gross malpraxis, or of cases involving

8. Remarkable cases, particularly involving new modes of practice?

9. What are the fees in obstetric cases?

10. Have you observed any marked results of the mental operation of the mother on the physical organization of the child?

11. Are there any mineral springs in your neighbourhood? What mineral do they contain? Have they successfully, or otherwise, been employed in the cure of disease?

12. Have you employed the microscope in pathological researches and for the purpose of making diagnosis? What form, whose make, with what results?

Permit me, sir, to solicit your early attention to the above queries, and to subscribe myself,

JOHN G. F. HOLSTON,

Chairman Committee on Obstetrics, Member of Microscopy and Mineral Waters of the American Medical Association.

Zanesville, October 1, 1856.

CORRESPONDENCE.

LONDON CORRESPONDENCE, No. 9.

LONDON, Feb. 6, 1857.

For the last three or four months there has been a *buzz* among the profession in London, created by the "Mems from our London correspondent," and the "Medical gossip" of the Dublin Medical Press, which

Periodical, as your readers well know ,is edited by the talented and renowned Jacob. All the London men declare that Jacob's wits and discretion—for he is generally a very discreet man—are leaving him ; his Journal is running riot, it forms the vehicle for the outpourings of a party named Kidd. This is the same person who, a very recent number of the Tralee Chronicle describes as " a Dr. Charles Kidd, of Kingsland, who is shortly to lead to the hymeneal altar Miss Catherine Hayes, just returned with a large fortune." " He was formerly," the same Journal announces, " an aspirant to the hand of Jenny Lind, and is a proficient on the Irish bagpipes." " He is, moreover, the talented and *extra* ordinary London Correspondent of the Dublin Medical Press." The London Correspondence and Medical Gossip of the " Press," weekly appears from the pen of this singular individual, and every man of note holding anything of a position has been dragged every now and then into notice. Some have stormed, some expostulated, and some have laughed, but with little effect. In the mean time, although these letters may prove amusing, the reputation of the Journal is becoming sensibly tarnished, and although Jacob may disregard the hints which are thrown out now and then, in the end he may seriously regret his temerity. Take Medical Journalism at the present moment in England, never was it in a better or more respectable footing, nor at any time, has there been that cordiality and good feeling prevailing which now so universally exists—a striking feature of the times.

A very curious circumstance occurred on New Year's day, which, so far as we are aware, is almost unparalleled : it is this : —An inquest was held on the *head of a child*. It appears that this head was sent in a parcel with a letter from a female, acknowledging herself to be the mother and the murderess. The infant was newly born, but the sex was of course unknown. We have not heard what the verdict was, nor has the mother been discovered. If one were inclined to be facetious and perpetrate a *bull*, we should say this was a new way of holding an inquest on the *body* of a child. This, perhaps, ought not to excite surprise among medical jurists in Montreal, because we recollect an instance there in which an inquest was held by Mr. Coroner Jones upon a skull discovered under an old floor. A great many children are annually destroyed at birth in London, but, notwithstanding deaths thus arising, and from other causes, the population of this great city is steadily progressing, and in the course of a very few years will reach 3,000,000 ; it is already 2,750,000. The births for the last quarter of the year 1856, in London, amounted to 21,309, against 14,616 deaths. During the

same period there were 7189 couples joyfully (?) united in the bonds of holy matrimony.

We were present at the meeting of the Zoological Society on the 13th day of January, when a paper was read upon the museums of North America, with a reference to their collections of Natural History. In the Canadas, the only one that was known to the author of the paper, was that in connection with "McGill College at Toronto." We had to come to the rescue of our native land, and especially the Natural History Society of Montreal, and gave a short summary of the museums in the Canadas. The author seemed to recollect that at Montreal, but declared its collection of birds and animals was very poor and contained nothing striking. He seemed highly delighted, however, with the Geological collection under Sir Wm. Logan's charge. Perhaps this may be a hint to the Natural History Society, to improve and augment their collection, and so far render it complete as to possess all known Canadian specimens. This might easily be effected with the assistance of such an able Naturalist as Professor Dawson. What is much wanted in the Canadas is a distinct catalogue of all known genera and species, which would prove of great assistance to students of Natural Science out there.

All the world knows Dr. Livingston, the celebrated African traveller. He is a doctor of medicine as well as a doctor of souls, and has been a perfect lion in London, for some weeks past. We had the pleasure of meeting him at the Geological Society, on the 21st January, where he conversed upon the geology of the interior of Africa, as well as its geography. He is a very quiet, unassuming man, with a weather beaten countenance, but marked withal, with firmness and decision. We mention his name, as he has, or had, two or three nephews and nieces residing in Montreal, and he has himself, we believe, been through the Canadas. He intends very shortly to resume his wanderings in the interior of Africa. As might be expected, he has been much worshipped by the Geographical Society, where his labours have been greatly appreciated, and whose meetings are crammed with the learned and much travelled of both sexes. There is not a more delightful and agreeable Society in London than the Geographical, one always hears something of unusual interest in connection with geographical research, there, well illustrated by large maps. It is no uncommon thing for a whole family of ladies and gentlemen to be fellows, and the fair sex always prove very attentive and agreeable fellows, and seem to take especial interest in matters pertaining to geography. Besides this celebrated traveller,

many other persons of celebrity are in town, drawn together by the re-assembling of parliament.

Of medical items, one may mention the use of amylene in place of chloroform, requiring a larger quantity to inhale, but not followed by any sickness or other bad effects. We have seen it used with success in about 70 instances, it is more expensive than chloroform. There are several new caustics in use:—as solution of chromic acid for warts and ulcers, introduced by Mr. Marshall of University College—100 grs. crystallized chromic acid to an ounce of distilled water—this will destroy gonorrhœal and other warts when all other caustics fail. Highly dried sulphate of zinc is another, either sprinkled over a cancerous or ulcerated surface, as Professor Simpson does, or made into a paste with glycerine—1 ounce of the dried salt to 1 drachm of glycerine—and applied on lint; it takes 2 or 3 hours to act, and a few applications often cure very bad cases. In regard to operative surgery, one is constantly seeing the usual operations, but the only real novelty of late, was the performance of excision of the floor of the acetabulum and head of the thigh bone at the Charing Cross Hospital by Mr. Hancock, for caries and pelvic abscess, followed by cure. Your readers are aware, that the presence of these conditions, has hitherto been held as absolutely forbidding excision at all. But every day we are seeing set rules overturned with the best results, and it is really a difficult matter to say what cases are *not* suitable for operation, for oftentimes when the poor patient is at the point of death, his life is saved by an operation which cannot be altogether considered a mere *dernier resort*.

That eminent man Dr. Watson is the new President of the Pathological Society, and a first rate one he makes too. It is expected that Mr. Hird of the Charing Cross Hospital will be the new President of the London Medical, and we believe the fellows contemplate electing our humble self as one of the honorary Secretaries, a probationary post well worth any man's while filling for a time in London.

G.

BOOKS RECEIVED FOR REVIEW.

Brodhurst on the nature and treatment of Club Foot and analogous distortions. 1856. From the author.

Routh on Fœcal Fermentation as a cause of disease. 1856. From the author.

Gibb's contributions to the Seventh Volume of Transactions of the Pathological Society of London. From the author.

HOSPITAL REPORTS.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING 29th January, 1857.

Patients remaining from last Quarter	55	Died during Quarter	10
Admitted present Quarter	185	Now in Hospital	87
		Discharged	143
	240		240

In-door Patients.		*Out-Door Patients.*	
Males	106	Males	395
Females	79	Females	481
	185		876

Diseases and Accidents.

Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.
Abscessus	4		Erysipelas	1		Pericarditis	1	
Amaurosis	1		Febris Com. Cont.	11		Peritonitis	3	1
Ambustio	2		" Typhoid	2	2	Pertussis	1	
Amenorrhœa	2		Fractura	6		Phthisis	5	2
Anæmia	1		Fistula	1		Pleuritis	2	
Anasarca	1		Gastrodynia	1		Rectitis	1	
Anchylosis	1		Gelatio	6		Rheumatism	18	
Apoplexia	2	1	Gonorrhœa	7		Scabies	2	
Bronchitis	15	1	Hæmatemesis	2		Scarlatina	1	
Bronchocele	1		Hæmoptisis	1	1	Sciatica	2	
Cataractus	1		Hæmorrhoidia	1		Sclerotitis	1	
Conjunctivitis	1		Hemiplegia	2		Strictura	2	
Contusio	4		Hypocondriasis	1		Sycosis Menti	1	
Corneitis	1		Hysteria	2		Synovitis	2	
Debilitas	1		Impetigo	2		Syphilis	16	
Delirium Tremens	3	1	Inanitio	1		Tumor	3	
Diarrhœa	2		Iritis	4		Ulcus	8	
Dysenteria	1		Morbus Coxæ	1		Urticaria	1	
Emesis	2		Ostitis	1		Variola	4	
Endocarditis	1		Otitis	2		Vulnus	4	
Endopericarditis	1		Paraplegia	1				
Epilepsia	2	1	Paronychia	1				

OPERATIONS, &C., DURING THE QUARTER.

Major.—Amputation of foot [Symes]; ditto [Heys]; 2 ditto [Chopart]; amputation of hand; amputation of toes, 3; removal of subclavian tumour; hydroceles tapped, 3; total, 12.

Fractures treated.—Indoor, 6; out-door, 3; total, 9.

Minor.—Bleeding, 11; cupping, 27; abscesses opened and other incisions, 117; teeth extracted, 143; wounds dressed, 17. Total, 315.

DRS. HOWARD and JONES,
Physicians in attendance.

ROBERT CRAIK, M.D.,
House Physician and Surgeon.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec from the 1st January to the 28th January, 1857.

	Men.	Women.	Children.	Total.
Remained,	26	9	2	37
Since admitted,	6	11	2	19
	32	20	4	56
Discharged,	10	4	2	16
Died,	0	0	0	0
Remaining,	22	16	2	40

DISEASES.

Fever,	4	Hysteria,	1
Rheumatism,	1	Neuralgia,	1
Syphilis,	2	Rupt. Urethra,	1
Fractures,	3	Prolapsus Uteri,	1
Wounds,	1	Pregnancy,	4
Contusions,	1	Subluxatio,	2

C. E. LEMIEUX,
House Surgeon.

MEDICAL NEWS.

QUACKOLOGY.—Talking of Quacks, one of the most impudent of the class I ever read of was Dr. Graham, the inventor of the "Electrical Ether," the "Nervous Etherial Balsams," the "Imperial Pills," the "Liquid Amber, or Preventive Lotion," the "British Pills," and the "Bracing or Restorative Balsam." Dr. Graham assumed to be a graduate of the University of Edinburgh, and made the "Electrical Cure" his point. He opened in Pall-mall the "Temple of Health and of Hymen," in 1781-82, whither people resorted to be healed, and where, "at the electrical altar, or on the Medico-electrical throne, without shock or any kind of uneasiness, into the general system, to the seat of the disease, or only to parts particularly affected, were conveyed the pure, active, balmy, bracing, and restorative effluvia of medicines, simply, or combined with full genial tides of the electric fire or vital light, magnetic effluvium, vivifying and ethereal nitrous air, or any other of those great primary elementary principles, which are the universal pabulum or vital food of animal life, and, indeed, of universal nature!"

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ORIGINAL COMMUNICATIONS.

ART. XXXII.—*Laryngismus Stridulus.* By JAMES BARNSTON, M.D., Edin.

As far as my information enables me to conjecture an opinion, Laryngismus Stridulus is a much more common disease in Canada than Great Britain, and its frequency in this country, as a complaint among children, seems to be much greater in summer than at any other season of the year. It is said, also, to be more prevalent in warmer climates than our own. It would be difficult to explain these two latter assertions, except upon the supposition that this disease is primarily and essentially of a *nervous* character. Assuming this to be correct, it can be readily understood how the nervous system, naturally so mobile in the infant and child, should become enfeebled and irritated by excessive heat, and thus predispose more favorably to the action of some general exciting influence which may cause the disease. There are many direct sources of nervous irritation which produce symptoms very analogous to those which characterize Laryngismus Stridulus. Indeed, so undoubted are those causes, and so evident the symptoms of laryngeal irritation, that many standard authorities in medicine have been led to view the disease we are considering, as altogether a secondary complaint, and one always symptomatic of some other affection, previously existing within the system, whether situated in a remote part of the body or in the vicinity of the larynx. Such causes, as have been described, may be enumerated as follows:—Mechanical irritation of the larynx either by a neighbouring tumour or by the impaction of a foreign body in the pharynx—irritation of teething--derangement of the stomach —hysteria—mental emotions and determination of blood to the head. It is convenient also, in such cases, to explain the connexion between the supposed cause and effect upon the modern doctrine of nervous reflex action. But, while fully acknowledging the secondary nature of

laryngeal spasm in these instances,we are not inclined to consider it in the light of a distinct disease, as it is obvious the affection is merely accidental, and claims no pretensions to regularity, either in symptoms or in period of occurrence. On the other hand, Laryngismus Stridulus, or spasmodic croup, as it is frequently called, is a disease which usually supervenes without any obvious exciting cause, attacks its victim during sleep, and observes a periodical regularity in its paroxysms. It is, moreover, a disease of childhood, and seldom or ever occurs, as far as we can discover, beyond the age of seven, even in children who have been constantly subject to it previously to that period of life. We believe it to be an idiopathic disease, and purely nervous in its character—dependent upon some specific cause, probably atmospheric, which produces primarily a general mobility of the nervous system, and a morbid irritation of the nerves supplying the larynx; the capillary circulation of a confined portion of the mucous membrane becoming secondarily affected. This opinion of the origin and nature of the disease is based upon the following considerations:—

1. The general absence of any evident predisposition on the part of the patient. It is not confined, as is supposed by some authors, to those constitutions which partake of the relaxed and irritable habit and in which there might be expected to exist a much stronger susceptibility to the display of spasmodic action. It appears to attack children generally, and even when in the most favorable state of health.

2. The absence of any apparent exciting cause, beyond what may be obscurely referred to some unknown atmospheric influence.

3. The periodicity of the paroxysms, and the marked tendency of the disease to return at the same particular time, in successive attacks.

4. The fact of its attacking, in some rare instances, not one, but several members of a family about the same time.

5. Change of locality has been shown to check the tendency to return.

6. Repeated attacks become gradually less severe, and the disease ultimately ceases altogether to affect its former victim.

The diagnosis of spasmodic croup is not always a matter of easy calculation, since there are two other affections of the air-passages, that produce somewhat similar local symptoms, but which it is of primary importance to distinguish, as they are essentially distinct. The first is Inflammatory Croup, described by authors under the name of Cynanche trachealis, and called primary croup by Stokes; the second is Diptheritis of Bretonneau, called secondary croup by Stokes.

In order to distinguish spasmodic croup from these two diseases, the following points deserve attention:

In inflammatory or primary croup, the mucous membrane of the larynx and trachea is primary affected, the attendant fever—symptomatic of the local disease—is of an inflammatory character, the exudation in the air-passages rapidly concretes to form an adventitious or false membrane, giving rise to the well-known symptoms, viz: the shrill croupy cough, stridulous voice, laborious and suffocative breathing, &c.; and lastly, the attack is generally the result of exposure to cold and wet, and is usually preceded, for a day or two, by symptoms of slight catarrh, as cough and hoarseness, &c.

In Diptheritis, the affection of the larynx is secondary to disease of tonsils and pharynx, is preceded by general disturbance and accompanied by fever of a typhoid character. There is dysphagia and frequently a very fetid breath, and the disease, when it occurs, is epidemic and contagious.

In Laryngismus Stridulus, the most characteristic features are the following:—

1. The *suddenness* of the attack, without any premonitory symptoms, general or local, that would lead to the anticipation of its approach.

2. The *period* of its commencement, viz.: during sleep. As generally happens, the child is perfectly well during the day, plays about cheerfully and actively, becomes somewhat tired and peevish at night and impatient for bed, and probably after two or three hours' sleep, it suddenly awakes, labouring under the symptoms of laryngeal irritation and spasm.

3. The *rapidity* of its progress and of its fatal termination, which has been known to take place four hours after the commencement of the attack.

4. *Complete absence of the inflammatory pulse* and sometimes of the slightest febrile excitement. This is especially observed when the attack first comes on, but in a short time, the repeated spasms, the difficult and suffocative breathing, give rise to extreme restlessness of the patient, when the skin becomes warm and the pulse quick and irritable. Care must, therefore, be taken not to attribute this febrile disturbance to a local inflammation of the larynx which does not exist.

5. The local characters of the complaint are—the shrill trembling *stridulous* voice—the *croaking* sound, heard in the larynx during respiration, and becoming very distinct on coughing—the paroxysmal nature of the cough, which returns at different intervals, and threatens imme-

ate suffocation—and the expectoration of a thin glairy mucus from the larynx.

The remarks above made are well illustrated by the following case, witnessed in August, 1855:—

A girl, aged two years and six months, of thin frame and lively disposition, was suddenly seized at night with difficulty of breathing and a threatening of suffocation. It was stated by the mother that her child had previously suffered from three attacks of "croup," the last being the most severe, and that, during the day previous to the present one, the child was in perfect health, played about as usual and went to bed without showing any symptoms of being ill. About 12 o'clock she awoke suddenly, crying for breath and coughing with a sharp jerking motion of the throat. On my entrance into the house the child was asleep, having recovered from two attacks of coughing. In a few minutes, however, she started suddenly up, evidently in great distress from difficulty of breathing, cried with a shrill voice, and commenced a rapid harsh cough which was accompanied by a distinct croaking noise, lasted nearly two minutes and returned in twenty minutes or thereabout. During the interval there was comparative rest, but the breathing was short, hurried, and sometimes irregular, and the characteristic sound was heard in the larynx during respiration. There was absence of general fever, but the patient was restless and irritable. Watching the symptoms for some time and observing that the disease was of a spasmodic nature and likely to endanger the life of the child if no immediate relief were given, large doses of ipecacuan were administered till it produced a full emetic action, on which the patient was placed in a warm bath and retained there, covered by a blanket, till copious diaphoresis supervened. The relief obtained was almost immediate, and the patient fell into a deep and quiet sleep which continued till morning, only interrupted by an occasional cough. Towards morning a purge of calomel and rhubarb was given, and the next day the child was kept quiet in bed, and small doses of ipecacuan continued to guard against a return of the attack. The succeeding night, however, after about four hours' sleep, the symptoms suddenly recurred with their usual violence, but yielded readily to the prompt treatment previously adopted. The following day the child seemed perfectly well and as lively as could possibly be and the disease did not recur. Whether any subsequent attacks supervened, is not within my knowledge, as the family removed from town a short time after.

It may be said of the treatment of spasmodic croup, that, in few diseases are decision and promptitude of greater avail in averting im-

mediate serious consequences. We believe the administration of an emetic, as of tartarized antimony or of ipecacuan, and the use of the warm bath for the production of copious diaphoresis, are the most effectual means that could be employed, in children, to soothe the irritability of the nervous system and allay spasmodic action. This cannot be said of anodynes and anti-spasmodics proper, which, though often recommended, have been acknowledged by most authors, as of little advantage and very unsatisfactory in the results of their action. It may be also observed that blood-letting, which may be said to be indispensable in inflammatory croup, tends evidently to increase the irritability of the system in Laryngismus and consequently aggravates the disease. This should lead to a careful consideration of the case before any measures be adopted, since an error in diagnosis might lead to the severest disappointment in treatment.

ART. XXXIII.—*A Case of Internal Strangulated Hernia,* with some remarks. By V. A. Brown, M.B., L.R.C.S.E., Surgeon of Enrolled Pensioners and Volunteer Militia Artillery, London, C.W.

On Monday, the 23rd ultimo, I was requested, in a great hurry, to visit a young man, ætat 21, residing about one mile from this city, who was reported by the medical gentlemen in attendance to be dying of malignant cholera. Before I reached the house the young man had breathed his last. The medical man in company with another, had left the house, having previously given directions to the family and friends of the deceased, to say as little as possible about the case, as it was one of cholera, and would cause great alarm in the neighbourhood, if generally known. I need hardly say that such an opinion, given by one of the oldest practitioners in this city, did spread a great deal of consternation in the neighbourhood, and very effectually verified the gentlemans suspicions, as soon as it became known. On enquiry into the history of the case, I was informed that the young man had severely overstrained himself on the Saturday previous, by excessive jumping and swinging, an amusement he was very fond of, and being constantly in the habit of practising, was an adept in. On Sunday he was suddenly seized with pain of an excruciating nature in the abdomen, which he referred chiefly to the epigastric, right lumbar and iliac regions, the usual medical attendant of the family was then sent for and saw him at 5 o'clock p.m. He prescribed sinapisms stupes and enemata, which were sedulously applied during the night, distressing vomiting of a dark

bilious nature set in, and continued unabated. The enemata administered at first brought away a few big, hard, dark scybalæ, but latterly were returned without any effect. Towards morning his countenance became very much altered, sunk, and indicative of great depression, his pulse could scarcely be felt, and slight cramps attacked the extremities, the belly at the same time was distended and tympanitic, he was then treated with stimulants, but without any avail, as he died at 12 o'clock p.m., retaining his faculties and voice to the last.

The case being one of very great interest, as well on account of its rapidly fatal termination, as the singular view taken of it in this season of the year; and being eagerly questioned as to the cause of death, I requested permission to examine the body, which, after some persuasion, was granted. I regret that I was unable at the time to procure the assistance of another medical man, in order to verify the following *post mortem* appearances, 6 hours after death. The examination was conducted in the presence of different members of the family-

Body well formed and stout, capillary system in general injected with dark coloured blood; in the abdomen, the omentum and peritoneal coat of the intestines were vascular in places, the colour of the vascular injection being more florid in the right iliac and lumbar regions than in others, upon some portions of the small intestines circumscribed patches of lymph, were in the first stage of effusion, the stomach, duodenum, jejunum and a portion of the ilium were filled almost to distension with a thin, yellowish, watery fluid, the whole tract of the large intestine from the cœcum to its sigmoid flexure, was highly tympanitic, on carefully examining the right iliac fossa, the free end of the appendix vermiformis was found adherent to the mesocolon, the adhesion appeared to be one of old date and required considerable force to detach it. It formed a loop through which 2 or 3 coils of the middle portion of the ilium, about 8 inches in length, had passed, and become strangled, the part included within the constriction, was of a dark purplish colour, precisely that of a grape, and smeared with a purulent fluid; that portion of the intestine which lay on this side of the intestine, as you follow the natural course of the channel, was inflamed, the inflammation being of a red colour, the part which lay beyond it, viz:— the cœcum, ascending transverse and sigmoid flexure of the colon, was pale and distended with gaseous contents, the line of demarcation between the two was very abrupt and strong, and easily determined by the obstacle, the other viscera viz. the heart, lungs, liver, spleen and kidneys, were in a perfectly healthy state, the bladder was empty, no urine had been passed after 9 o'clock on Sunday night.

The post-mortem appearances, revealed here, present us with some interesting points for reflection, the suddenness of the attack, its exciting cause, its progress, and the singular and erroneous opinion given as to the pathological cause of death, are all satisfactorily explained. It is evident that an internal strangulated hernia had taken place, the spasmodic or peristaltic action of the intestine, which was excited by the unfortunate young man's favorite amusement, must have been the cause of forcing the portion of the ileum into the loop which had been formed by the adhesion of the vermiform appendix to the meso colon, this, from the difficulty met with in its detachment, and the fact of its having suffered from a severe attack of ileus, 6 weeks previous to his death, was of an old date, by this means the intestine was completely invaginated and could not possibly have been released, except by a surgical operation, the strangulation had taken place, in all possibility, on Sunday, at the time he was so suddenly seized with pain, the further progress of the case, viz: the bilious vomiting, the tympanitic condition of the bowels, the irregularity and cessation of the pulse, the sunken and altered condition of the features, the retention of his mental faculties and voice up to the moment of death, are all accounted for by the appearances which I have enumerated.

From the obscurity that must necessarily exist as to whether the phenomena of ileus be produced by intussusception or some other cause of obstruction, as in this instance it is a difficult matter to recommend any appropriate treatment. Should it be diagnosed or suspected, cathartics must, of course, be very questionable remedies. Blood-letting, both local and general, hot stupes, calomel with full doses of opium, with the warm bath, enemata of different kinds, administered by means of O'Beirne's long tube, as it is called, metallic mercury, cold water dashed suddenly on the abdominal parietes, have all, at different periods, severally had their advocates, and have proved successful in many instances. Where these have failed in affording relief, and evidence has happened to be very strong as to the existence of obstruction, either by intussusception or invagination, the operation of separotomy or cutting down upon the supposed seat of the structure, with the view of relieving the invaginated portion of the intestine has been recommended, but it has been wisely discontinued by most practical Surgeons. This expedient is feasible, in those cases only, in which the obstacle is situated near the termination of the large intestine, i. e. in rectum, or in the lower part of the descending colon., for here only can we ascertain with anything like certainty the exact place of the impediment, and the colon be pierced without much injury to the peri-

tonœum. If an attempt had been made in this manner, to relieve the stricture which here occurred, the operation could have been performed with facility, but in all probability additional fuel would have been added to the inflammation which already existed, and the fatal issue have been in no way changed.

It is difficult to conceive upon what grounds the diagnosis of cholera could have been made in this case. The symptoms enumerated are all so pathognomonic of a fatal attack of ileus; the unusual season of the year, the thermometer was 2°. above freezing. On the day of the seizure, the absence of the usual premonitory symptoms, viz: the diarrhœa and the characteristic rice water stools, the bilious vomiting, the retention of the voice, and mental faculties, to the moment almost of decease, and the proper secretion of urine are all directly contradictory to such a supposition. The lesson inculcated here is a useful one, and adds one proof more to the many which we already possess of the hesitation which we ought to exercise of giving a positive opinion as to the cause of death in any case, unless we have good grounds of doing so. It is to be regretted that so much useful information is lost to the profession, through the neglect of a more general performance of post-mortem examinations. It would have been more judicious on the part of the medical gentlemen who saw this case had they exercised that interest in the matter which they would wish us to think they possessed, in every thing connected with the profession which they practice, and first satisfied themselves by a necroscopic examination, as to the real nature of the lesion before they frightened any individual in the neighbourhood by declaring that cholera of a malig nant type had made its appearance amongst them.

I am aware that many medical men in this section of the Province, never think of examining their fatal cases so firmly convinced are they of the inutility of asking for leave to do so. I can only testify to my own experience, having rarely failed to obtain permission, a little gentle persuasion, and mild perseverance, in most instances, will overcome all the scruples of either family or friends, the public mind would soon become accustomed to the idea of post-mortem examinations, were the profession to keep them more constantly before it, and make them, as in the mother country, the rule, and not the *exception*.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XLIV. *Clinical Lectures* on certain diseases of the urinary organs and on dropsies. By ROBERT BENTLEY TODD, M.D., F.R.S., Physician to King's College Hospital. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1857. Pp. 283.

We have long had some old-fashioned notions about medical education in our head, which, from being pertinent to the subject of clinical teaching, may find a partial vent in the present place without transgressing against propriety. Beginning even in the cherished years of our own apprenticeship they soon found development in a seedling, which in turn has continued to manifest vitality, although its power has evoked little more than the roving disturbance of an occasional stray thought. Generally speaking, our views on things at large, and medicine in particular, are indubitably conservative, but we also confess that we are not so thoroughly ultra-toryistic in spirit as to frown down all reform, and oppose any change in time-honored usages. On the contrary, we would heartily encourage and vigorously prosecute every innovation which could be proved to be an improvement. Measured by this admission, we at once concur in the following observations because they are akin to those that have occurred to ourselves, and as we presume, are expressed with no other feeling than a claim to careful consideration. "Much impediment is thrown in the way of clinical pursuits by the great number and length of the course of lectures which students are called upon to attend in the schools. * * * How unnecessary in the present state of literature are long courses on the practice of medicine or surgery. * * * How much better would it be to confine the lectures on these subjects to the discussion of difficult, doubtful, and important points of pathology and practice, preceded by a sufficient statement of first principles suitable for the uninitiated." These remarks of Dr. T.'s occur in his preface, and being his own views, naturally, as we would expect, have influenced his conduct as a great medical teacher. With opportunities of the most advantageous kind—the chances and changes of a metropolitan hospital—he has applied the abilities of a gifted and well cultivated mind to the careful elucidation of matters peculiar to clinical inquiry, The profession have already been favored with one volume embodying some of his lectures, and now encouraged by their welcome from his brethren at large, he has prepared a second volume. The latter embraces xvi lec-

tures, and a record of 55 cases. The subjects of the lectures are hœmaturia, various forms of disease of the kidneys, dropsies, gout in the kidney and bladder, and irregular types of this disorder.

But to return to our seedling. We hold that the matter which constitutes the teachings of a Professor should be principally confined to a statement of bona-fide occurrences that have been positively ascertained. The mind should be accustomed to watch for facts and to store them in its recesses. Nature should be the great book, as Bichat, we believe, before us said, from which the physician ought to derive his lessons. We would carefully confine his privileges to those of observation and annotation with the exercise under warrantable occasions of careful analogy and strict induction. By such a rigid discipline it is not proposed that every man is to be his own architect, and build up his own acquirements. But by its adoption, it is expected that he will be able in the course of his own experience, to corroborate and expand much of the knowledge, previously gathered by his predecessors. Books are unquestionably of the greatest utility, and no literary mind can survive without a library—but they should never take the place of original research and independent inquiry. The field of publication affords a vast territory wherefrom to select; but only those will be found most generally serviceable, that are like the one under notice of a clinical origin. Books may not be inaptly considered as the handmaids of true learning, by becoming necessary to instruct the reader in the pursuit he should follow, and display to him the advances that others have made before him. Particularly foreign, do we conceive the intrusion of theories and speculations in the matter of professorial teachings: life is too short, and the occasion too rare to be frittered away and wasted with such baubles. No greater proof of their vanity can be adduced than the circumstance that the same mind which has formed an hypothesis, at an early period of its developement, has changed it at a later, and adopted probably the very antithetical explanation, to be retained also for a season, and then at a more posterior day, once more pass through a modification. If there be a blemish in Dr. T's work, we believe it will be found of this character. He has not confined himself with sufficient closeness to the legitimate objects of clinical teaching. From observation and induction he has wandered through the tempting field of hypothesis, and given imagination wing. It may be that in his flight of fancy he has not been more unsuccessful than others, and this is saying much for the contest is one in which success is not to be apprehended, beeause we are too ignorant of a knowledge of ultimate causes, to reach at true interpretations. We are permitted to witness the affairs of disease, as well as

those of health, but the intimate *materies morbi* and the ordinary *methodus agendi*, we only now see "as through a glass darkly." It is therefore better to avoid all unknown explanations and strictly hold fast to the truth—nor on any account travel beyond its precinct, after the transient splendour of an apparent mental meteor, lest we be beguiled and lost in error's mazy way. Speaking of the production of dropsies, Dr T. remarks, dropsy "is an indication of a disturbed state of the circulation—such as permits a portion of the serum of the blood, or of the liquor sanguinis, &c., to transude through the parietes of the small blood vessels." Subsequently he explains the vascular derangement by observing, it "is a retarded return of the blood through the veins of the parts, &c., the blood accumulates in the capillaries, which are, to a certain extent, relieved by the transudation of the liquid portion." Now we would observe that these statements do not really shed any light upon the *real* cause of the disorder, were they merely intended to be significant of certain links in the chain of causation, the last perhaps that is commonly appreciable, and to imply, that of other agencies, unknown, they were but the effects, or associates, they might pass unchallenged; but if, as they are considered to be, in themselves competent to account for the occurrences to which they relate, we must be permitted to record our dissent from such an opinion. To accept as sufficient such a theory, is much the same as the faith of the Eastern sages who believe the earth rests on a tortoise, and are so satisfied as to leave unasked what supports the tortoise. In justice to Dr. T., it must be said that, elsewhere than in the passages quoted, he informs the reader that the derangement may be created by different agencies, as for example poverty of the blood, pressure on the veins, heart disease, inflammation in the superimposed, skin, &c. This is certainly progressing in the proper direction, but it is not right when stopped here to fall into generalizations. A careful perquisition of the entire subject of dropsies, particularly of a clinical kind, will declare that there are many phenomena in the supervention and progress of these complaints, which the above explanations, with all their extensions, fail to meet. Two or three occur to us at the present time, which may be briefly stated, as follows:—If dropsy be merely the result of an infiltration—mechanical as it is fashionable to say—of serum into serous cavities, or cellular tissue, or both; how is it that the fluid so extravasated, not only differs in its integrant composition from healthy blood-serum, but is also dissimilar to the serum of the blood procured from the patient immediately, or at the time, the subject of the disorder. If the dropsical fluid be a mere escape, at least it should be similar to the

liquid last specified. Again pressure frequently appears inadequate to account for the supervention of dropsy. Cirrhosis of the liver, in its last stage, is considered to afford a striking instance of serous effusion, proceeding from impeded circulation,—the tributaries of the portal system are believed to be so hampered by the reduced liver, that a remora occurs in all the post-current branches of the vein, and ascites inevitably follows. We believe, however, that the mechanism of this occurrence is not of the simple sort described by this physical theory, for the latter is not reconcilable with various facts in the history of disease that occur from time to time. It does not accord, for instance, with the fact that livers equally atrophied, or even smaller in size than the cirrhosed, though necessarily affording as effective an impediment to the transit of blood through their parenchyma do not cause ascites—this is well seen in yellow atrophy of the liver; in different affections consisting of a hetrologous deposit, in or about the portal canals, by the presence of which the jecoral tissue is both compressed and wasted often to a great degree; and lastly, it is also seen in some instances of cirrhosis itself where the patient enjoys an immunity from ascites, although, comparatively, the affected organ is of less capacity than the same viscus, in other subjects who have not experienced a similar exemption, but labored under dropsy. Once more;—to our minds there must be something more operative in the production of cardiac disease than the plausible mechanism popularly received, as set forth in Watson's practice of physic, and adopted by Dr. T. As our readers know it is based upon mechanical principles, and the idea is simply that—there is a dyke, here is the choked up current, and around about is the leakage. But disease laughs at such narrow conceptions. In a case of chronic heart disease with actual structural change of permanent continuance, where, notwithstanding the conservative tendencies of nature, to accommodate herself to the morbid accidents and repair them, the original lesion still advances pari passu and knows no alleviation;—in such an instance, it must be admitted, that the same or an equivalent state of physical obstruction to the circulation exists as long as the invalid survives. The difficulty is in no way really removed. The valve that once permits of regurgitation must ever afterwards continue in the same incompetent state. Therefore we would expect that the results of such an abnormal condition should be as permanent as its cause. The dropsy of to-day should be present to-morrow, for it is owing to a valvular patency that is unchanging. Experience, however, demonstrates the error of these assumptions. By shewing that a person with heart disease and dropsy, may recover from the latter, while the former continues in ex-

istence, that still more wonderful, he may, if he live long enough, have a series of attacks and recoveries from the dropsy, while the heart affection is where it always was or perhaps a little farther onwards in the fangs of pathological deterioration.

XLV.—*On the Nature and Treatment of Club-foot and Analagous Distortions involving the Tibio-tarsal Articulation.* By BERNARD E. BRODHURST, Assistant Surgeon to the Royal Orthopædic Hospital; Surgeon to the Honorable Artillery Company; associate of the Arcadian Society of Rome, etc., etc. P.p. 134. London: John Churchill, New Burlington Street.

Twenty years ago there was not a work in the English language on Orthopædic Surgery. Twenty years ago the leading surgeons of Great Britain, held out little hope of cure to those afflicted with club-foot or other deformities of the extremities. Indeed, such cases were placed among the "opprobria" of surgery, and willingly allowed to fall into the hands of the charlatan and the instrument maker. Twenty years ago, Dr. Little, who had previously consulted the most approved surgical authorities of London, regarding a talipes under which he laboured, and was told there was no prospect of cure, but that he must be content with the assistance afforded by wearing mechanical instruments, read with delight in the "archives générales de médecine," that Stromeyer, of Hanover, had successfully operated on two cases by subcutaneous division of the tendo-achilles. In 1835-36, he visited the continent, and being strongly recommended by Professors Müller and Froriep, of Berlin, to submit to an operation, placed himself at once under the care of Stromeyer. The success of the operation and the powerful effect produced on the mind of Dieffenbach, is thus graphically related by that illustrious surgeon:—A month had elapsed since Dr. Little had taken a letter from me to Dr. Stromeyer, in Hanover, when suddenly my door was opened, and the individual who had left me a cripple, entered with a vigorous, rapid step. I cannot tell which was greatest, my astonishment or my joy, but I think the latter. Without delay, I examined his foot, and found the shape normal, the sole in contact with the ground, the arch of the foot less; the calf of the leg had begun to be developed, and the entire lower extremity had gained its normal length. A miracle could not have struck me more forcibly; and I must confess that I was never in my life so taken by surprise, at the successful result of a surgical operation as by this; and esteemed

Stromeyer, who had done it, even luckier than Little, who had been benefitted by it.

In conjunction with Dieffenbach Dr. Little, "apostel der tenotomie" as he was called, treated upwards of thirty patients affected with different forms of varus, in the city of Berlin. Subsequently he returned to England, and the first stromeyerian operation was performed by him in London, Feb. 20th, 1837. He did not, however, seek to monopolize the practice which was certain to arise from the introduction of this new and successful form of treatment in deformities of the body, as we find he relates, in his excellent work on club-foot, that he had the gratification of communicating the details of the stromeyerian method to at least fifty surgeons,—amongst others to Sir Astley Cooper, Bart, Sir P. Crampton, Bart, Mr. Andrews, Mr. Key, Mr. Guthrie, Mr. B. Cooper, Mr. Tyrrell, Mr. Luke, Mr. Solly, &c., from whose exertions a still more extensive diffusion of the method might be anticipated. Since 1837, orthopædic surgery has made advanced strides, and has come into very general favour with the profession in Europe and America. Indeed a surgeon of the present day who is not thoroughly acquainted with all that relates to distortions of the various parts of the body and their means of cure, must be considered deficient in the knowledge of his profession. To those of our readers who do not possess works relating to this subject, we cordially recommend the one under review. It is a clear and concise epitome of one branch of modern orthopædy, well illustrated with excellent engravings by Bagg. Notwithstanding the dread expressed by many surgeons within recent years regarding the division of tendons, no simpler or safer operation can be performed. Inflammation and its consequences are results which seldom occur. "Certain precautions," says Brodhurst, "are necessary to be observed. 1st. The division of a tendon should be effected with a clean cut; and the knife should be a fine blade and well tempered. For my own part I prefer blades seven-eighths of an inch in length, one inch, and one inch and one-eight, for general use in tenotomy. A straight blade or one nearly straight is more convenient than other shapes, although it is certain that the operator may accustom himself to any form which he may adopt. The width of the blade is, however, more important than its length or its shape; greater width than one-eight of an inch is never required; this affords sufficient material for strength, and more is unnecessary. 2ndly. In dividing a tendon, freedom of motion should not be permitted to the knife, but the point should be held close to, and made to sweep half round the tendon. Without attention to this point hemorrhage will follow the section. Division

of the tendo-achilles, the tendons, of the tibial muscles, the hamstrong tendons, &c., is frequently, and should always be, perfectly bloodless. This cannot, however, invariably be attained, but, as has been shown, effusion of blood within the sheath interferes with the process of reunion, and consequently even slight hemorrhage should, if possible, be avoided. 3rdly. After division of the tendon the limb is to be retained in its normal position until reunion has commenced; extension is then to made slowly and gradually, advantage being especially taken of the second and third weeks after the section, to secure the required elongation. 4thly. The integuments are to be divided by puncture and the blade is to be pressed beneath and beyond the tendon; the edge of the knife will then be turned towards the tendon, which will be divided in withdrawing the knife." P. 106.

XLVI.—*Unique congenital malformation associated with unbilical hernia and a pendulous artificial anus,* and other contributions to the seventh volume of Transactions of the Pathological Society of London. By George D. Gibb, M.D., M.A.,F.G.S., Physician to the West London Dispensary; Physician Accoucheur to the St. Pancras Royal Dispensary, Fellow of the Medical and Pathological Societies of London; Member of the Canadian Institute; Honorary Fellow, Medical Society of Virginia, &c. London: J. W. Roche.

The extremely interesting malformation which Dr. Gibb brought before the Pathological Society of London, is well deserving of the honor that has been awarded it, of a place in the seventh volume of the Transactions of that very able and learned Society. Dr. Gibb says:—

"Projecting from the umbilical opening was a portion of the funis, the upper and anterior part of which was dilated into the form of a sac, which consisted of a fold of peritoneum; quite thin and transparent, and through which could be distinctly seen several folds of small intestine. Attached to the left side of this sac, was a blood-red triangular shaped mass, with a villous surface, like injected mucous membrane, terminating in two conical projections, with an opening at the end of each. This hung like a small bag partially filled with gas, which could be squeezed out on pressure, the contents passing into the transparent tumor, the bowels inside of which could be returned to the abdomen, with the exception of a couple of folds, which were evidently in connexion with the blood-red tumor itself. Behind the peritoneal protrusion the cord passed downwards. These parts are represented in the drawing made six hours after birth. The organs of generation

were natural; the root of the penis was three-quarters of an inch below the lower margin of the navel, the testes were in the scrotum, and the bladder I saw emptied in a full stream, and with much force. From the two conical bodies meconium was frequently passing in small quantities at a time, and on passing a probe into the anus it ascended an inch only, leading to the suspicion of deficiency, which was strengthened by fæculent matter passing from the spots just mentioned; but on the 24th, three days after, copious motions from the rectum took place, thus showing that the channel was clear, very little, however, passed during the remaining few days of life."

Remarks.—A large number of remarkable deformities have been recorded, but the present appears almost unique, and from a careful dissection of the interior of this strange tumor I believe the blood-red tumor to be nothing else than an inversion of the cæcum—the right conical body being a part of the ileum inverted, and the left the vermiform process. The large intestine has most probobly become partially obliterated, and, in consequence dwindled into an insignificant tube, which would have become perhaps wholly obliterated in the course of time, had the child lived. This malformation I conceive to have existed from the earliest period of closure of the abdominal walls during the obliteration of the omphalo-mesenteric vessels.

20th of November, 1855.

To the same volume he contributes a paper on an immense ovarian tumor which he removed, after death, from the body of a female aged 31. The tumor weighed one hundred and six pounds and measured as follows:—

Circumference, vertically, over side and top	68	in.
Do do do not including the pelvic portion	63	"
Do do over anterior and posterior surfaces	55	"
Diameter, vertically	22½	"
Do transversely	20	"
Do antero-posteriorly	10½	"

CLINICAL LECTURE.

Clinical Remarks on the Employment of Iodine. By M. Champouillon, of the Hospital of Val de Grâce.

No medicine has yet, with the exception of sulphate of quinine, acquired such general reputation as iodine. If its use was in former times restricted almost exclusivley to cases of engorgement of the thyroid body, it has now rapidly become extended—not only to diseases of the glandular system, to those of the serous membranes, and to pulmonary and abdominal phthisis, but also to the syphilitic, scrofulous, and

herpetic cachexies, to rachitism, &c., &c.; and we are not without expectation of hearing, to-morrow perhaps, that it has acquired new triumphs over white swelling and cancer. It is fatiguing even to enumerate the many instances of its success; and though doubts may again and again rise up, yet as all the instances have been guaranteed with such confident affirmation, it is not difficult to understand the general confidence they have inspired. It seems but natural, however, to ask—since we do not admit of any alchemy in therapeutics—whether it has been well and truly ascertained that one and the same substance can cure affections that in their nature differ so widely from one another? The thing asserted is by no means probable; but there are among junior practitioners more especially, minds easily led away—that believe everything on the bold and reckless affirmation of their teacher. The practitioner who carries about with him a consciousness of having been often deceived, if he become at last wary and circumspect, suffers the current to pass by, while he steps aside to examine deliberately, and to ascertain, if possible, and distinguish such conclusions as have been fairly sanctioned by experience, from such as have not this impress of legitimacy. And would we draw a broad line of demarcation between the real and pretended virtues of iodine, it is to experience likewise that we must have recourse. While clinical observation daily adds to the reputation these preparations have attained, there are facts also, on the other hand, that show in the most peremptory manner, not only the powerlessness of this medicament in certain cases, but the inconveniences also that may possibly arise from its use.

Case 1st.—In the early part of November, 1855, M. D. A., aged twenty-six years, of a slightly bilious temperament, was attacked with *rupia* on the anterior surface of both thighs. Iodide of potassium, which alone was employed in this case, was prescribed in doses of 2 grammes daily. At the end of three weeks, when the patient had taken 38 grammes of the iodide, he experienced headache, difficulty of deglutition and of phonation, to which gradually succeeded palsy, almost complete, of the tongue, the retina, the superior and inferior extremities, and the muscles of the chin. The appetite had become much impaired, and digestion slow and painful. In this state he was brought to the hospital of Val de Grâce in February, 1856. A regimen consisting of light aliments, combined with attempts to establish elimination by the intestines, the skin, and the kidneys, was followed by such satisfactory results, that this young man is now in the enjoyment of excellent health, but the rupia has not been cured.

It would be unreasonable from this single case, to draw any general conclusion as to the action of iodine on the human organism; but we may, nevertheless, from this example conclude—1st, That this medicament, in doses of two grammes daily, has no constant efficacy in cutaneous diseases;—2nd, That it irritates the stomach, and effects the nervous centres in such a manner as to induce dyspepsia, and to occasion morbid perversion of the functions of the motor nerves.

Case 2nd.—M. G., twenty-two years of age, in the enjoyment, usually of excellent health, and of a robust constitution, contracted in May, 1855,

an indolent gonorrhœa. Disquieted beyond measure on that account, and fearing the future consequences of syphilitic poisoning, this officer began the use of iodide of potassium, in doses of 5 decigrammes daily. At the end of a month of such treatment, M. G. found his digestion so impaired, that the only aliments he could make use of were *potage au lait* and baked fruits. Everything besides gave rise to retching, which frequently terminated in vomiting or lienteric diarrhœa. Of his own accord he now abandoned the use of iodine, when the digestive organs gradually recovered their wonted force.

It is well known that the iodide of potassium, in its action on the mucous membranes, exerts an extraordinary degree of energy; and it is not difficult to imagine that in doses of even one gramme, it would disturb, if not occasionally annihilate, the functions of the stomach. In this case, the dyspepsia was evidently owing less to the quantity than to the nature of the medicament.

Case 3rd.—In 1847, M. C., a surgeon and pupil of Val-de-Grâce, twenty-one years of age, tall, and of a feminine temperament, had suffered for some months from a sub-acute blenorrhagia, which had at first been treated with antiphlogistics, but in vain, and afterwards with cubebs and copaiba. Wearied out with the obstinacy of his disease, and without consulting any one, he had now recourse to the iodide of potassium in doses of 5 decigrammes night and morning. Under the influence of this medicine, the urethritis quickly took on the acute form; but this did not deter the patient from continuing its use till the twelfth day, when an attack of fever of extraordinary violence was followed in a few hours by general lymphangitis, the most intense that can be imagined. Every lymphatic vessel of the trunk and extremities was seen in relief—red, and highly painful to the touch, and on the least movement. But the glands were more especially the seat of intolerable lancinating pains. In spite of copious bleedings, general and local, the use of tepid baths, and emollient applications to every part where their application was practicable, these symptoms did not subside but with a certain degree of slowness.

Whilst the exciting and deobstruent properties of iodine may be turned to such excellent account in surgery, here we see exemplified the deplorable consequences that may follow the internal use of this therapeutic agent, even in moderate doses, in cases where the lymphatic system predominates. Iodine has certainly for a length of time occupied a prominent place in the treatment of scrofula; but when we look more narrowly into its mode of action, it is seen to be entirely confined to cases of glandular enlargement, and that beyond this iodine possesses no specific virtue against that disease. Where is the physician who would undertake to prove that this medicine is capable of correcting the scrofulous diathesis?

Case 4th.—M. B., a training captain in a regiment of cavalry, forty-seven years of age, of a robust, plethoric constitution, had enjoyed excellent health during his whole life, excepting that, for the last two years, he had experienced some difficulty in voiding his urine. An examination of the urinary organs *per anum*, discovered a considerable enlarge-

ment of the prostate gland, brought on, it is highly probable, by too much horse exercise. A course of iodide of potassium was now commenced, and in three weeks eight grammes had been absorbed, when the patient was attacked with amygdalitis, diarrhœa and bronchitis, accompanied with a sensation of heat and constriction under the sternum. The use of iodine was now suspended, when the diarrhœa soon ceased; the tonsillitis resisted longer, but the bronchitis continued obstinate under every sort of treatment. The cough, at first dry, became moist, with an abundant expectoration, at first nummulary, and then purulent, without appetite, and exhausted by nocturnal sweats, M. B. was then brought in less than forty days, into the last stage of pulmonary consumption. A few hours before death, this officer confessed that, during the course of this last illness, he had clandestinely taken every evening two decigrammes of the iodide in a glass of barley-water. The autopsy showed remarkable hypertrophy and induration of the prostate gland. The upper third of the left lung was strewed with tubercles in different stages of developement, and in the centre of the same region was seen a cavern of medium dimensions. The right lung was perfectly sound, and so were all the other viscera.

From January 1849 to December 1852, eighty-eight adults affected with pulmonary tubercles, were submitted at the Vale de Grâce, to treatment with iodine, which consisted of potions with the iodide frictions with the tincture and inhalation of the vapour. To such treatment was submitted every form of phthisis, excepting tubercles with fever, and the iodine was itself exhibited in all cases with a prudent reserve. But of all these patients two only were benefitted by the treatment, which soon effected a diminution of the catarrhal expectoration of some months' standing. In twenty nine of these tubercular patients, the iodine was borne without any manifest effects. Its use, however, had to be suspended in fifty-seven others, in most of whom it produced a decided increase in the violence of the cough and in the progress of the disease, while in others it occasioned headache, diarrhœa, coryza, or a disagreeable and troublesome flow of saliva. Of all these patients not one was rescued from the lamentable and all but inevitably fatal consequences of phthisis.

It will suffice to glance at the many inquiries that have been made into the nature and development of pulmonary tubercles, in order to appreciate the pretensions that have been advanced in favour of iodine as a remedy for this disease. According to Vanderkolk and Rochoux, rudimentary tubercles have the appearance of reddish granulations composed of coagulable lymph, and adhere to the pulmonary parenchyma by a multitude of vascular tomentous filaments. Lebert found in tubercular matter, in its first stage, globules of a peculiar description as well as an interglobular hyelin fluid, furnished by the cellular tissue which surrounds them. It is to this mucoso-membranous covering that Kuhn gives the name of tuberous tissue, what it afterwards becomes is well known. Dalmaronne, Baron, Vogel and Nathalis, Guillot, adduce similar evidence as to the mode of formation and nutrition of the tubercular matter. Tubercle, then, has no sort of resemblance to a gland with

which it has so often been compared, since the gland is an organ, and tubercle a morbid production.

Iodine belongs to the class of irritants, but is distinguished by its special action on the glandular system. All that can be conceded to it theoretically, as regards tubercle, is, that it promotes, in a certain measure, the antiphlogistic method of treatment directed against chronic inflammation of the bronchial mucous membrane, or of the pulmonary parenchyma surrounding the tubercular mass. But beyond that the most liberal induction does not advance one step. Can iodine, then, lay any further claim to the favour in which it is held by its partizans? The illustrious Laennec informs us that he made use of iodine in several cases of phthisis, without the least degree of success. Cooper and Bardsley were not more fortunate under similar circumstances. The iodide of iron, praised by Dupasquier in pulmonary tubercles, completely failed in the hands of M. Louis. Baudelocque declares that at the Hopital des Enfants iodine appeared to him to be more hurtful than advantageous. Mérindec Laënnec and Flaudin have, on their part, made a similar remark. Recamier has seen scrofulous subjects when treated with the preparations of iodine, become phthisical with a degree of rapidity which plainly showed the pernicious influence of the medicine. Behold, then, a medicament, boasted of as an antidote to tubercles, but which may, to a certain extent, be the very instrument of calling tubercles into a state of active development! Is it not high time to stay and consider the propriety of a practice which every day brings with it such deplorable results? The question is one that well deserves consideration. If the utility of iodine, as a topical remedy in surgery, be well established, by observation, its reputation in the practice of medicine up to this moment has no other basis than the hypothetical importance it derives from blind imitation and prejudice.

THERAPEUTICAL RECORD.

(*From Virginia Medical Journal.*)

Acne Rosacea.—Dr. Morris (Lancet) commends the following local treatment:—Pulverize one drachm of camphor with alcohol, add two drachms of milk of sulphur, and enough distilled water to render the mixture liquid. Smear the eruption with this lotion at night, and apply it more sparingly in the morning; the effect is commonly soon apparent.

Convulsions.—Dr. McMeens of Sandusky, Ohio, declares (Western Lancet) that he has treated infantile convulsions arising from derangement of the digestive organs with cannabis indica, with most satisfactory results. He considers this agent counterindicated where there is much vascular disturbance or cerebral complication; in other cases it

may be advantageously employed. These views are illustrated by reports of four cases exhibiting the efficacy of the hemp treatment.

Covering pills with collodion.—M. Drude recommends that the pills, when rolled, should be well shaken in a box after having poured a few drops of collodion over them. They become in a few minutes covered with a fine coating of this, which gives them a shiny appearance, and wholly prevents their taste being perceived. They are to be left exposed to the air for a few minutes, in order that the smell of the ether may disappear.—*Buchner's Reporter.*

Creosote in dysentery.—In a very wide spread epidemic, Dr. Andree found the aqua creosoti of the Swedish Pharmacopœia (℥i, ad ℥xij. aq. dest.) very useful. A teaspoonful is given to adults every two hours, and a drop (for every year) to children. It is useful only at an early stage, opium being the remedy at a later. Dr. Hellmann has also found it useful; but some practitioners state that those patients who take the aqua as a prophylactic of their own accord, are oftenest seized with dysentery.—*Schmidt Jahrb.*

Herniaria glabra as a diuretic.—Dr. Van Den Brœck states that this substance, frequently employed by Matthiolus and Fallopius, but since fallen into disuse, is resorted to with great success at the Mons hospital; and that often, when reputed diuretics have failed of effect, the following forms a very excellent one: Infuse 30 parts of the herniaria in 300 of water for an hour, and add nitrate of pot. 4, tinct. digit. 2, and oxymel of squills 30 parts. Dose—a spoonful.

Pseudo-membranous inflammations.—Dr. Ozanam announces (Comptes Rendus de l'Acad. des Sciences, May 1856) that bromine is likely to prove a valuable remedy in those specific diseases attended with the formation of pseudo-membranous deposits. He adduces fourteen cases of success, two of which were examples of true croup. He uses bromine or bromide of potassium, one to ten grains daily, in dilute solution.

Remedy for cramps.—M. Sicre states that he has found very severe and even very obstinate cramps relieved by a very simple procedure. This consists in placing under the bed one or more bars of iron, or a portion of iron of any kind may be placed in the mattrass or under the sheet, in such a manner that it gives firm support to the feet.—*Gaz. des Hops.*

PERISCOPE.

Collodium.—By Edward Zinkeisen.—To detect the most advantageous process of preparing Collodium, the following trials have been made by me:

1. The Codex Medicam. Hamb. prescribes:

20 parts of dry Nitre,
30 parts of English Sulphuric Acid,
2 parts of Cotton,

which has been previously treated with soda—to be left in contact with the acids only a few minutes.

Four trials made according to this formula, yielded, after application of a temperature of from 45° to 35° R., during from 3 minutes to 1¼ hours, very little more than 3 ounces of wool each, of which only ¾ could be dissolved in ether and 1-16 in alcohol at most, for there remained distinct undissolved filaments of wool. The quantity of cotton, therefore, appears too large in this process.

2. According to the prescription of Mann, there are to be taken:

20 ounces of Nitre,
31 ounces of English Sulphuric Acid (of 1.830 sp. weight,)
1 ounce of Cotton,

which are to be left in contact for a "good while."

I had the acids working on the wool for one hour and a-half, at a temperature of from 45° to 35° R., and after drying, got 1 ounce and 1 drachm of a very fine, clear, and entirely soluble wool.

This prescription, however, is too expensive for manufacturing purposes.

3. Bertram's formula:

16 ounces of Concent. Sulph. Acid (1.850 sp. w. by mixing fuming and English acids,)
11 ounces of dry Nitre, and
1 ounce of Cotton.

While mixing the nitre with the acid, the temperature went up as high as 60° R., some brown bubbles of oxygen gas escaping. After cooling the mixture down to 45° R., the cotton was kneeded, and left in contact for one hour, at nearly the same temperature. After drying, it yielded 1⅓ ounces of wool, which exploded heavily, but was insoluble. A second trial, at which the cotton was put in at 60° R., yielded no better result.

In this formula the sulph. acid is too concentrated and its effects too violent.

4. Schacht's prescription:

24 ounces of Sulphuric Acid,
16 ounces of Nitre, and
1 ounce of Cotton.

Immediately after mixing the acids the cotton is to be put in at a temperature of 45° R., and left in contact therewith for one hour, during which time the mixture is cooled down to 35° R.

Result.—1 ounce and 3 drachms, easily and completely soluble, burning very slowly. This Collodium answers every expectation.

5. Prescription of Bretschneider and Lüdersen:

6 ounces of fuming Sulph. Acid (1.850,)
6 ounces of fuming Nitric Acid (1.410,)
½ ounce of Cotton,

the cotton to be put in in halves, 45 minutes in contact, at from 40° to 25° R.

Result.—5½ drachms, yellowish, quickly exploding, swelling to a gelatinous mass, with 16 parts of ether and 1 part of alcohol, and yielding, even with 32 parts of ether, a very thick collodium, the coat of which was very thin and transparent.

A second trial, at which the cotton had been left in the mixture only for ten minutes, yielded the same result.

6. Koing's formula:

8 ounces of fuming Sulph. Acid (1.840,)
4 ounces fuming Nitric Acid (1.410.)
½ ounce of Cotton, dipped in successively.

At the first trial 5 minutes' influence, at 45° R.; at the second trial, one hour's influence, at 50° to 35° R. The first trial yielded an entirely insoluble wool; the second, a wool only partially soluble—both of them, however, very explosive.

The prescription of Schacht is, undoubtedly, the most advantageous especially in a pecuniary point. In eight trials, with 1½ ounces of cotton each, I got 17½ ounces of wool, and 20 pounds of very fine collodium. I have further to state that I made these trials with three different kinds of cotton. The chief points to be observed, in order to come to a satisfactory result, are, undoubtedly, the specific weight of the sulphuric acid, the temperature of the mixture, and the duration of the process.

According to my experience, the sulphuric acid should not weigh below 1.820, and not above 1.840; the most advantageous temperature is 45° to 25° R., which in general generates of itself, when the dry and completely cooled nitre is mixed with the acid. The time of contact should not be less than half an hour, in order that all the filaments of the cotton be penetrated. A good prepared collodium wool will, however, not be decomposed if left under the influence of the acids even for a long time.

It is advantageous not to dry the wool by heat, but by repeated pressure between blotting paper.—*Amer. Druggists' Circular.*

Iodoform.—A new preparation of iodine, discovered by Sevillos, and more especially brought to notice by M. M. Dumas and Bouchardat, possesses properties which promise to make it a valuable addition to our means of employing, with benefit, this important therapeutic agent. It presents itself in a solid state, in the form of small pearly particles, of a sulphur-yellow color, friable, soft to the touch, and with a very enduring aromatic odor. It contains more than nine-tenths of its weight in iodine. It is sweet to the taste, and is not corrosive.

It destroys animals in a smaller dose than iodine, after having produced more or less depression, and rarely produces vomiting. This depression is followed by a stage of excitement, convulsions, contractions, &c. Iodoform does not produce the least local irritation, not producing the slightest increase of vascularity of the mucous membrane of the stomach and bowels.

Its therapeutic properties are thus arranged: 1. In consequence of the large quantity of iodine which it contains, it can replace iodine and the iodides in all the cases in which these are indicated. 2. It is absorbed with the greatest facility. 3. It has the advantage over all other preparations of iodine of never causing any local irritation, or any of those accidents which render the suspension of iodine necessary in certain cases. 4. In addition to the properties it enjoys in common with iodine, it has advantages peculiar to itself; it allays pain in certain neuralgic affections, and produces a sort of local and partial anæsthesia of the rectum, when introduced into that organ. 5. It may be given in doses of from five to fifty centigrammes a day. 6. The principal diseases in which it has been employed with advantage are endemic goitre, scrofula, rachitis, syphilis, certain affections of the neck of the bladder, or of the prostate, and certain neuralgic affections. 7. It forms, with the greatest facilities, most important pharmaceutic preparations. —*Arch. Gen. de Med.*

Secondary Syphilis treated by a new preparation of Iodine.—The object of the paper by Mr. Christopher is to introduce to notice a new compound, which, combining the good effects to be derived from iodine, is devoid of its disadvantages—a preparation which he says, has proved valuable in curing cases of secondary syphilis which had previously resisted the beneficial action of iodine in all its usual combinations and forms—a preparation, moreover, which does not produce the evil effects of iodine in those constitutions with which that substance is known to disagree. The preparation or compound is named "liquor cinchonæ hydriodatus," and contains in one fluid drachm of liquor, twelve grains of cinchonæ flav., and one grain and a half of iodine, in the form of hydriodic acid. Of this, the dose varies from one to three drachms, from which Dr. C. has not found any of the evil effects arise which smaller doses of other preparations of iodine have been known to produce. While using this compound in some of the successful cases treated, he also employed the hot air bath, ot which he attached much importance, in order to produce profuse sweating, and always with marked good effect. Indeed, he says he does not know a more potent remedy for intractable and inveterate cases of secondary syphilis than this is. This preparation is produced by exhausting the powered bark with an aqueous solution of hydriodic acid; then with water; and the liquor is subsequently evaporated to the above bulk.—*Lancet.*

Spender's Chalk Ointment in Ulcers of the Leg.—Dr. Patterson has collected 125 cases of chronic non-specific ulcers of the leg, in which, under this mode of treatment, the cure has been rapid and complete. The following formula he prefers; ℞. Cretæ preparatæ, 4 lb.; adipis suilli, 1 lb.; olei olivæ, 3 oz. Having heated the oil and lard, add gradually the chalk, finely powdered.

The ointment and a bandage being once applied, it is left until the cicatrix forms and becomes firm.—*Edinburgh Med. Journal.*

Aphorisms on the Hygiene and Nursing of Infants. From the last edition of Bouchut's "*Traité Pratique des Maladies des Nouveaux Nés et des Enfans a la Mamelle.*" Translated by J. C. R. Dayton, Ohio. —The child should be subjected to hygienic regulations from its cradle, in order to sustain its constitution if it is good, in order to ameliorate it if bad.

We must combat, in early infancy, the scrofulous, gouty, and syphilitic dispositions inherited from the parents.

A man with impure blood should never think of perpetuating his race.

A woman who becomes *enceinte*, should renounce those habits, pleasures and fatigues, which may exercise an evil influence upon the health of the fœtus, if she wishes to give birth to a healthy child.

Blood-letting has a good effect upon gestation, but it should not be used unless plethora, local or general, is present.

Denial of the unreasonable caprices of a pregnant woman cannot have any influence upon the health of the infant.

A woman can and ought to nurse her child, if she is in good health; and if her parents or immediate relations are not scrofulous, consumptive, or cancerous.

There are women of good constitution unable, nevertheless, to nurse, for their milk is small in quantity, badly elaborated, and dries up from the slightest causes.

A woman in whom the mammary secretion is very active previous to her accouchment, is almost always a good nurse.

A mother who nurses, can commence six or eight hours after the birth of the child.

A woman who nurses should not suckle the child oftener than every two hours.

An infant that takes the breast at regular intervals, sucks with more avidity than others, and drains the breast of all the milk it contains—and it is the part last obtained which is the best, as it contains more cream than the first parts of the flow.

Between eleven o'clock at night, and six or seven in the morning, a good nurse need only suckle the child once.

It is dangerous to take, for a hired nurse, a primiparous woman; she is necessarily inexperienced.

A good nurse is from twenty to thirty-five years of age, with brown hair, the gums bright red, the form inclined to *embonpoint*, the breasts well formed, firm, and with blueish veins.

A nurse should not have any mark, recent or ancient, of scrofula or syphilis.

The milk yellowish in the first months after birth, and bluish white afterwards, is an alkaline emulsion formed of water and solid principles dissolved or suspended.

The butter is only suspended in the liquid; the other principles are dissolved.

The milk should be abundant to be profitable.

The first part of the milk drawn from the breasts is serous; the second part is thicker, and it is the last part of the draught which is the richest and the most charged with cream.

The milk (examined by the microscope,) should be filled with globules, numerous, tolerably large, and well formed—for small globules, resembling dust, are a sign of its bad elaboration, and of its insufficiency.

Too few, or too many globules, are equally injurious.

The milk varies in its composition according to idiosyncrasy, temperament, constitution, the time elapsed since the accouchment, the time since the last repast, the regimen of the nurse, the action of the genital organs, etc., etc.; but the differences are not so great as to modify the precept; "If the infant thrives, then the milk is good."

The milk is altered in composition by the febrile state, and by acute and chronic diseases.

Fever diminishes the quantity of milk, reduces the number of globules, and concentrates its solids in a smaller proportion of water.

The effect is the same, in different degrees, in all acute affections and in some chronic ones.

Pus is sometimes mixed with the milk, in cases of abscess of the breast.

The influence of diseases upon the composition of the milk, is not special and specific, for they all have the same effect which is the same as that of fever.

The milk of a healthy nurse, which is too rich, or too highly charged with solid elements, is indigestible, and causes diarrhœa.

Milk altered, reduced and impoverished, by fever or by disease, also causes diarrhœa.

Milk altered in its composition by fever, or disease does not always exercise an injurious influence upon the health of the child.

Whatever may be the cause of alteration in the composition of the milk, the result is always the same for the infant—the accidents which arise have always for their seat the digestive canals, and diarrhœa is always the consequence.

Milk which does not present any alteration appreciable to chemical analysis, may yet be altered in its intimate elaboration in such a manner as to make it an injurious aliment.

Spasms, or instantaneous convulsions, result ordinarily from changes caused in the secretion of milk by mental affections, too lively emotions and impressions, agreeable or painful, experienced by the nurse.

Mental impressions dry up, suddenly, the secretion of milk, or modify, seriously, the proportion of its solid elements.

The happiness which a woman feels in fulfilling her duties of nurse, is the cause of the internal sensation, at the moment she is going to nurse the child, known as the *draught*.

The premature return of menstruation in a nurse, modifies, slightly, the chemical composition of the milk, and injures its elaboration; but if the infant does not appear to suffer, which often happens, the nurse may be retained.

A nurse should abstain from sexual intercourse, if she experiences great excitement.

A nurse should likewise abstain through fear of pregnancy, which modifies the milk in quantity and quality, so as to render it injurious to the child.

A change of nurses has no injurious effects, when necessary to replace a poor one by a better.

The nurse should be changed as often as may be necessary.

Suckling, by mother or nurse, may give place to artificial feeding.

Feeding by the nursing-bottle is far inferior to suckling—although when well carried on it sometimes yields highly satisfactory results.

Artificial food should be administered during the earliest periods of life, by means of nursing-bottle, filled with tepid milk, diluted with barley-water, or oat-meal gruel; afterwards with milk alone.

An infant needs nothing more than milk during the first months of life. At the age of six months it may commence to take light soups.

Greasy articles of food should not be given until after the first year.

The time of weaning should be fixed between the twelfth and twentieth month.

One of the periods of repose in the progress of dentition, should be chosen for weaning—that which comes after the appearance of the first twelve, or of the first sixteenth teeth.

Weaning should be commenced by keeping the child from the breast during the night.

After some weeks' separation from the mother at night, the child should be denied the breast in the day time also, and it thus arrives at an independent existence.

Infants and children should be carried into the sunlight and open air in all kinds of weather.

Clothes which fit the body, without constriction, are preferable, in all weathers, to loose ones, which expose different portions of the skin to the cold.

Infants should be washed in tepid water, every day, and as they become habituated to it, in water nearly cold.—*Western Lancet.*

Best Treatment of Varicose Ulcers and Varicose Veins.—The treatment of varicose veins is a practical every-day subject, inferior to none in interest for the hospital surgeon. Indeed, allied as this affection is, externally, to questions of practical surgery on the one hand, and depending for its causes on relations of the general venous system and general internal health on the other, a wide field of speculation is afforded as to treatment. In hospital practice, accordingly, as the practitioner may be more of a physiologist and anatomist, or more or less influenced by the ordinary routine of simple surgical treatment, ligature of veins, constitutional treatment, or means of blocking up these vessels, will be trusted to, previous to healing the varicose ulcer. A good deal of the danger of ligature of veins is found to originate in the fact that the vein is enlarged; and the ligature, when it should go deeper than the vein, will

be found to have wounded or transfixed the vein and caused phlebitis.

Mr. Paget's experience every year assures him more and more of the superior value of the treatment of varicose veins by the caustic issue, or the extemporized mixture of lime and potash. There is no mode of treatment yet discovered, according to Mr. Paget, which is entirely free from risk; but, from pretty extensive inquiries in the hospital practice of such surgeons as Sir B. Brodie, Mr. Lawrence, Mr. Skey, various hospital surgeons in the provinces, and in France and Germany, etc., Mr. Paget is inclined to the impression that the treatment of varicose ulcers and varicose veins is most safely and most effectually conducted by means of local applications of caustic issues on the surface, which thicken the coats of the venous trunk.

A very well-marked case of varicose ulcer of the leg and leg and foot, which incapacitated the poor young man from employment and deprived his family of support, has been for some weeks in St. Bartholomew's, as well as a second case, where the varicose vessel gave way, but has again healed up. The former case is that of A. D———, a young and apparently otherwise active and healthy man, aged 28. He has been all the present month (September) under treatment for a varicose condition of the veins of the lower extremity: his disease consists rather of a very troublesome ulcerated condition of the ankle and foot, which he cannot himself conceive to be dependent on the state of the veins. The history he gives of the case is not very defined, or is but a recapitulation of a set of abortive attempts to cure his ankle by ointments, lotions, salves, etc., each in its turn recommended to him as the most specific thing in the world for an inward disorder of the constitution, but still only making the disease worse.

The form of caustic used by Mr. Paget consisted of pottassa fusa ℈ij, quick-lime ℥j, separately in powders in small phials, and subsequently mixed with a glass or asbestos rod at the bedside, with spirits of wine, when used. A dozen or two of small pieces of common adhesive plaster are next obtained, each the size of a penny, a small circular hole being cut in each, of the size of a pea, or a silver threepence. One of these perforated pieces of plaster is placed over each projection or varicose enlargement of the vein, a very small quantity of the caustic paste is next applied with a bone spatula to the skin over the vein, in the circular hole left in the plaster; ten to twelve or fifteen minutes will be sufficient time for the issue to produce its effect, at the expiration of which period, the whole limb is carefully sponged with warm water, and all the plasters and caustic washed away. Little else was necessary in this case, as in the general class of these cases, the issue merely requiring simple dressing, while the ulcers in the ankle went on healing *pari passu*.

As a local application to the ulcer during the action on the varicose vein of the issue, any simple ointment or black wash is all that is required.—*Association Medical Journal, Sept.* 27, 1856.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

CHARACTER OF EXAMINATIONS.

Whoever has spent any moments of thought upon the present system by which medical men are made, must have had his attention arrested by the great aim which is obviously the desire of both student and teacher. Need we declare it to be nothing else than the passing of a successful examination. Assuming that both parties were engaged in a field of archery upon a trial feat, we might then more correctly say the great aim was the central mark—the bull's eye of the target—and though, professedly, there are other attainments than the examination for which the wranglers and directors are striving, yet these are verily, in relation to the former, only in the position of the outer rings on the target which gradually widen their phylacteries, till they reach the outermost periphery, and then find a not unfitting termination in the nothingness of thin air.

The fact, itself, of examination, can never be objected against; it were vain to do away with this ordeal, and impossible to find a substitute. But the details—the components—as in most other circumstances, are the channels wherein exceptions may be picked out, and by which faults will be distributed. Looking at the door that opens into the temple of medicine, there appears to us, at least, evidences of intrusions by objectionable methods. We find the admissions to an elevated seat and a responsible position are governed by the production of passports which answer to an equivalent or *bon* for so much didactic learning. We know that encouragements are held out to the exhibitors of flippant answerings, entirely upon book-matters, so that the smartest responder, like the most pert conundrum-finder, is esteemed the best informed. And we can divine, in such procedures, no true test of qualification to practise a profession demanding prolonged observation and a well-digested experience, personally, from its expert devotees themselves. The root of the evil is widely spread, and lies in the fallacious assumption that theoretical knowledge is an index of practical capabilities. Pursuing this groundless idea, a premium is offered for the most ample exemplification of this kind of information—the student is invited to dwell on the refined abstrusities of specialities, and compelled to master their subtile minutiæ with a

delity or accuracy of the most unvarying kind. Assuredly thereby he undergoes an excellent mental training—the intellectual faculties generally are expanded—the memory increased "*ex colendo*"—and habits of study and industry formed, while, particularly, the powers of attention, concentration, and expression are greatly developed. Valuable attainments are also acqnired, and much that is indispensable is received, withont which, as Sydenham would have said, '*nulla medicina sit.*' But beyond this extremity, few if any additional gains are obtained. First principles are grounded and the elements of science superadded, but the great superstructure is not yet built. The knowledge inculcated is but systematic, while the mode of its communication has been solely traditional, and therefore it could have satisfactorily been acquired by mere closet study, and the more direct perusal by the youth of the same books, from which the statements he receives at second hand are derived by his master.

While, as we have before implied, knowledge of this sort is necessary, yet, comparatively, it forms but a tithe of what is really demanded in practice. The bulk of the information that should be required of the medical student is such as flows from demonstration and has been obtained by his own investigations. The more closely lectures, and other forms of conveying it approximate this character, in other words, the more *demonstrative* their nature is, the more successful will they be in imprinting upon the acquiring mind that which will in after life prove to be most lasting and most profitable. The special senses are the veritable inlets through which the most powerful occupation of the inner sense can be engaged. What we see and hear we easily recollect, but what we take upon trust often vanishes and is quickly forgotten. Practical communications possess the important recommendation that they will upon the circumstances re-affording themselves, ensure a recognition of the various data from which they were originally derived. Whereas, under theoretical education, a man may in futurity absolutely not discern the very things he knows when placed before them; paradoxical, though this be, it is still true, and we are bold to say in attestation, that many a pupil will be found who will give a perfect description of the stereotyped symptoms of pyrexia and so fail, to realize them in practice, as not to know a case of fever when called to it. These evils are felt by teachers generally, and something we know is being done to avert them by giving to their lectures a more demonstrative character than was the custom years ago. Still, however, there exist great room for improvement, and we anticipate that, as time rolls on, yet further advances will be made in the right direction. Whatever improvement

is to be effected in the art of medical tuition, we are convinced must be founded upon the principles we have been considering, and it will yet appear that the Professor from whom his class learns most is he who has most largely supported his oral instructions by suitable demonstrations. It is not to be expected that in this place we should descend into any further extension of these general observations. But pending the original subject that drew them forth we may add—if be it conceded that teachings should be of this character, will it not, also, be granted that examinations should equally share in its participation. They are designed to be proofs of proficiency in the subjects of education, and ought necessarily to be similar in kind and manner. And now recurring to our primary objection, that examinations are improperly the great aim of both wranglers and directors, it will be seen that it is not the ordeal itself against which we declaim, but rather its style and character. We desire it should be more demonstrative. We wish that it should bring out the practical ability, the critical acumen, the *tactus eruditus*, the personal experience of the candidate. And we feel assured that by these desiderata, only can we judge of the competency of an individual to engage in professioaal avocations. We are aware that examinations must be in part theoretical, and this is the natural test for mere doctrinal and histological information, but as, when confided to alone, it merely is an evidence of scientific learning, it should, to make use again of our simile from archery, be in comparison to the former as the outer circles of the target. The relative position it now engages should be changed; and instead of occupying the bull's eye, let the practical tests be the central aim—let more be determined as regards the accuracy of the marksman from the frequency with which they are hit, than from all the wider balls that have battered down the external barriers beyond their sphere. Is it asked how can this be done? The reply is easy. Each department requires of course, its own mode of execution. Each Professor must shape his own course to achieve the practical modifications in the examination of his own branch. The transformations required for attaining this end will, upon careful reflection, present themselves to the contemplative mind. A suggestion or two from us alone will suffice. Let the obstetrician bring the candidate into the lying-in room, and there ascertain his efficiency in a few practical points—the simplest are often the most significant—does he know the os uteri, by per vaginam examination, and can he test truly its existent state? Has he positively defined the real presentation? Can he recognize the fœtal pulsations? These are some of the most common circumstances that are sure never to want an opportunity at which to be elicited. And in turn they become suggestive,

and may be made subservient to others of a deeper research and more extensive accomplishment. Next let the examined accomplish on a phantom female the usual operations of turning, forceps delivery, &c.: such a practice has been followed in the hebdomadal examinations at McGill College, and with great benefit to the student. Then let the accoucher and his charge visit a puerperal female and observe his ability in medical cathechizing and diagnosis. And lastly, let a sick infant be confronted before them, and let his master hear what his *élève* has to think and say about the patient. In somewhat the same manner, as indicated by the two last portions of this testing process, the candidate's practical ability in medicine and in surgery might easily be known. The wards and the receiving room of an hospital always, at any time, afford the most ample opportunities; the most common, every day, kind of case may be made a mine from which a large store of information can by tact be elicited for through its veins run, as may be found, the elements that, together in description, constitute the bases of pathology and therapeutics.

BILL TO REGULATE THE SALE, &c., OF POISONS.

Mr. Alleyn has introduced a Bill into the House of Assembly to regulate the sale and delivering of poisons, and certain other drugs. It enacts:—

"No apothecary, chemist, druggist, vender of medicines or other person in this Province shall sell, give, or deliver any arsenic, corrosive sublimate, strychnine, prussic acid or other thing, mineral or vegetable, fluid or solid, commonly known as poison, or which being incautiously or secretly administered may cause death, chloroform or any substance known to produce insensibility or stupefaction, to any person who shall not then produce and deliver a certificate from some Justice of the Peace or Physician resident in the locality, or some form equivalent thereto, addressed to such apothecary, chemist, mentioning the name residence, calling or profession of the person requiring such poison, and stating the purpose for which it is required, and that it ought to be sold to the person requiring it, &c.;" and such certificate shall be kept by the person selling, who is to take other steps as "obtaining the party's signature for identifying the sale." The bill also provides that "he shall cause the person bringing the same to write his name thereon, and the seller or giver shall also enter in his day book or journal the name and quality of the person receiving such poison or drug, the amount sold, &c. In the case of solids the poison shall be contained in a green colored wrapper, with the word poison written or printed thereon, and in the case of fluids each bottle or vial shall have green label with the same word written or printed thereon, and the same shall be followed in cases of chloroform

or other stupefying drug, save that instead of poison, the name of the drug shall be written thereon."

Every infraction of the above act, if it become law, to be a penalty not exceeding fifty pounds, in default, imprisonment for three months, recoverable before a Justice of the peace.

"From the passsng of this Act, the second section of the 12 Vic., cap. 60, is repealed."

We are pleased that something has, at length, been attempted to place the sale of poisons on a less perilous footing than it, unfortunately, now has in this Province. Mr. Alleyn's motion deserves a careful attention, and we hope he will derive the support of his fellow members in obtaining the future passing of the Act. But before this event, it demands, from its great importance, a careful consideration. The council of others should be sought, and any suggestions thrown out duly weighed. In its present form we would certainly object to the Bill on account of several objectionable features that it possesses. These corrected, however, in any manner deemed best, we should heartily press its immediate enactment. The chief objections are these:—it is only a preservative against "commonly known" poisons, while it takes no cognizance of a number of equally deadly substances that are largely used in the arts and manufactures, and not popularly esteemed to be poisonous. We can understand the difficulty that was experienced in defining the substances designed to be proscribed, and perhaps a substitute is not easily to be found; but it appears to us if the word *professionally* were made to re-place "commonly" our objection would be met. Again, the Bill permits of the active continuance of one of the greatest evils that now pervades trade—by sanctioning the promiscuous dealing in poisons that prevails throughout the country. So far from being a monopoly, poisons come into the possession of an extraordinarily large number of different classes of business men, by whom they are not used for any purpose required by their own calling, but kept as a saleable commodity, and disposed of freely as simple articles of commerce. Until a prohibition is passed upon this wide-spread distribution, no Bill can ever diminish the occurrence of poisoning resulting from accident; or another, by no means rare, form which may be expressively called "suggestive poisoning." Mr. A.'s act is well calculated, *cæteris paribus*, to lessen the number of pre-meditated cases of suicidal and of homicidal toxication, but it will, with its present extensive permissions, fail to reduce the number of the former. We have elsewhere* pointed out the two intentions that we think should be first

* *Medical Chronicle* Vol. IV., page 191, Sect. 1 and 2.

embraced by a poisons prevention Act, viz.: 1. To interrupt the promiscuous dispensing of poisons that now exists; and 2. To limit the disposal of them to one class of individuals.

A third failure in the proposed act is, that no provisions are made in favor of prescriptions. If it were legalized—in strict compliance with its obligations,—every time a physician ordered a dose, or compound, containing morphia, strychnia, tartar emetic, corrosive sublimate, nitric acid, and such like poisonous agents, which are in constant and repeated daily use among medical men in large practice, he would be compelled to send with his receipt a certificate "mentioning the name, residence, calling, &c., of the person." And upon the luckless apothecary an incredible amount of utterly useless labor would be superimposed, which could only be accomplished by employing one assistant, or even more, to do nothing else. And lastly, the production of a certificate in general cases is no protection. A man who desires to poison himself or kill another is not such a fool as to publish it about—but will hide his real object, and assign some wrong reason for wishing to obtain the fradulent agent. He will give a pretext, and as such authorized orders for the sale of the poison may be got from any good natured, easy going justice of the peace, he will seldom fail in his design. The act does not define any particular use for which the poison *alone* shall be used, and therefore might be demanded: but permits a certificate to be given to any one who desires poison to kill wolves, exterminate rats, or destroy vermin. Causes that are ever rife and always afford an unsuspicious motive when alleged. Cognizance, however, of such excuses ought not to be taken in a contra poison act; and in our opinion, the use of poison should be confined to medicinal purposes, and only sold when required by prescriptions, and in the small quantities called for by such demands.

SOMETHING FOR THE COLLEGE OF PHYSICIANS, &c., C. E.

We understand that an application has been made to the Legislature to allow one Moses M. Mitivier, to evade the penalty to which he is now liable from the College of Phycisians and Surgeons, C. E., by having practised, and continuing to practise medicine in a part of Lower Canada without their license. And further, he desires Parliament to place him in such a position of independency as shall enable him to place at defiance all the ancient usages of the aforesaid body, although in carrying these out she is only acting in accordance with her deliga-

ted authority from the Government, and agreeably to the act of organization in which she has been incorporated. And yet more, this audacious Moses asks both Houses of the Legislature to signalize him above all other persons, who, for the last 10 years or more, and probably those who may figure in the next 10 years, by conceding to him, only because he is presumptuous enough to ask for them, responsibilities and privileges which the said Houses have vested as a particular right in the institution before named. M. Mitivier can give no better account of this singularly indeferential and strangely illegal and most disrespectful act on his part, than that he presented himself before the above College, and, after an impartial and a simple examination, was rejected for sheer incompetency. There does not appear to be one palliative circumstance in his case. He asks to be authorized to practise physic, surgery and medicine in this province—without any regard to the lives of His Excellency's liege subjects! He admits he commenced the study of medicine after the passing of the act incorporating the College of Physicians, &c., which especially provides that any person desirous of practising physic in this province, must pass through a prescribed course of study in a university, college or incorporated school of medicine, giving lectures in accordance with her curriculum: he refers to some American tokens he produced in compliance with its demands—but, alas, they availed nothing. And this, with what we have already said, makes up the deed of M. M. M.

A DOCTOR A CRIMINAL.

In the Court of Queen's Bench, in this city, on Monday 23rd March last was commenced the trial of Dr. Jean Baptiste Théophile Dorion. He was indicted for having on the 23rd of April, 1851, in the parish of St. Eustache, stolen one valise, one promissory note for £50, one promissory note for $50, one trunk, six fishing lines, six fish-hooks, five large silver spoons, five silver tea-spoons, five silver forks, one gold-headed cane, and six books, the property of the late Dr. Sévère Dorion.

It would appear by the evidence of Eustache and Firmin Dorion, two of the brothers of the prisoner, that the goods had actually been taken. Eustache, one of the witnesses, was present when the trunk was opened by the prisoner, and the goods taken, on the night of the death of Doctor Sévère Dorion whom the prisoner was attending during his last illness. Firmin Dorion testified as to the admission of the prisoner taking the same goods.

The defence was that there was a conspiracy between the brothers to

ruin the reputation of the prisoner, and if they could not do that, their object was to send him to the Penitentiary to drag out a miserable existence. A space of five years between the day on which the theft was alleged to have been committed, and the bringing of this prosecution was sufficient to indicate the motives of the party in the case.

The trial continued during Monday, Tuesday and Thursday on which latter day —

Mr. Justice Aylwin in summing up intimated to the Jury his conviction of the prisoner's guilt. The delivery of the Judge's charge occupied three hours.

The Jury retired, and after an absence of five minutes returned a verdict of "Guilty."

Sentence will be pronounced the last day of the term.

From the standing and position of the prisoner, who, it is said, is worth upwards of £50,000, the greatest interest was manifested in this trial. During the three days which it occupied, the Court was crowded to excess.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE PROVINCIAL LUNATIC ASYLUM AT TORONTO.

We glean the following facts from the very short report, presented by Dr. Workman, to the House of Assembly, during the present session. The total number of patients at present under the superintendent's charge is 428; of whom 198 are males, and 230 are females. The total admission from 18th October, 1856, the date of last report, to the present time 1st March 1857, has been 134. The discharges in the above period have been 51. The number of deaths in the same period has been 25, in a total of 504 patients under treatment. Of the 428 patients now remaining in, 4 have been inmates over 16 years; 20 from 12 to 16 years; 58 from 8 to 12 years; 54 from 6 to 8 years; 66 from 4 to 6 years; 48 from 3 to 4 years; 40 from 2 to 3 years; 39 from 1 to 2 years; 14 from ½ to 1 year; 84 under ½ year.

"The present ages of the above 428 patients remaining in are as follows:—6 are under 20 years; 93 from 20 to 30 years; 154 from 30 to 40 years; 108 from 40 to 50 years; 45 from 50 to 60 years; 23 are over 60 years."

"A Lunatic Asylum is," says Dr. Workman, "in many respects the best place for the treatment of the insane; but the transmission of every case of the malady to an institution of this character is neither necessary nor advisable; under no consideration other than that of unavoida-

ble necessity should any fellow-being be cast into a madhouse. The retrospect of even the most fortunate of those who have been subjected to this alternative must be distressing. No one who has carefully and with christian commiseration examined even the best wards of our most celebrated modern asylums will fail to shrink from the apprehension of so dire a calamity befalling himself as that of becoming an inmate."

With all due deference to the judgment of the superintendent of our Provincial Lunatic Asylum, we most emphatically dissent from the opinion expressed in the concluding sentence of the above quotatian. We know not what may be the condition of the "best wards" of the Toronto asylum, as we have never had the pleasure of visiting that institution; but as regards the "best wards" of some of the most celebrated modern asylums of Great Britain and Ireland, public as well as private, we can positively assert that there is nothing in either their appearance or arrangement so repulsive as to make any one shrink from the apprehension of so dire a calamity befalling himself as that of becoming an inmate; and this we say after having carefully, and, we trust, with "christian commiseration" examined them, and the treatment of the occupants thoroughly. It is certainly a dire calamity to have reason unseated, and every mind will startingly recoil from the contemplation of such a sad event being possibly theirs in the future of their life; but did one admit to himself the possibility of becoming insane, we are certain he would not shrink with apprehension at the idea of being treated in the well arranged private ward of a modern asylum.

What opinion are we to form, moreover, regarding the superintendent of a lunatic asylum in the 19th century—in which the benefits to be derived from the treatment of the insane when conducted in properly constructed and efficiently officered institutions are fully recognized,—who uses such language as the following:—"under no consideration other than that of unavoidable necessity should any fellow-being *be cast into a mad-house?*" What sad and melancholy visions are conjured up by these few words? Gloomy prison-like buildings--iron barred gates--grated windows—dark and filthy cells—cruel keepers—clinking chains—fearful shrieks—emaciated bodies, and all that went to make up the idea formerly held by the public, concerning those places denominated "*mad-houses,*" into which poor unfortunate humanity was "*cast.*"

OBITUARY.

The Late Dr. Telfer of Toronto.—This Gentleman lately deceased, was one of the oldest practitioners in Toronto. He was a native of Scotland, was educated in Edinburgh, and passed the Royal College of Sur-

geons, of that City, in 1824. He shortly afterwards came out to Quebec as a medical officer, in charge of a passenger ship. He went to Upper Canada and finally settled in Toronto.--A notice of his demise, in the *Globe says*: —In regard to the general character of our departed friend it becomes us to say that his nature was generous, in the extreme. He was utterly indifferent to money, if he had only as much as would supply necessary wants; and we have heard it stated that out of a practice that should have yielded £1,500 per annum, he did not trouble himself to collect more than £500 or £600. The poor he was ever ready to help, both with advice and medicine, and often when in the abodes of poverty gave money to procure other necessaries. Many took advantage of his kind heart, and with a tale of distress escaped payment of their bills. Another feature of his character was that he was devoid of even any approximation to professional envy, and was ever ready to give a cordial welcome to any honourable and skilled practitioner.

One fact we have learned, and which in honour to the pious sentiment of the dead, we may make known that, for some years past, unless confined to bed or hurried away by some urgent case, he made it a rule to spend one hour alone every morning in his surgery for devotion, religious reading and meditation. From his closet he went out to his duties, and many know that he has sat at their bedside and combined the Christian monitor or sympathizing friend with the accomplished physician.

Longevity.—The nature of the employment has, proverbially, a great influence over the duration of the individual's existence. But though the broad fact is thus generally recognized: yet the order or relative effect of different trades on life is not accurately known.

The Registrar-General of England and Wales concludes that of twelve classes of occupations, farmers have the longest lives. The order of longevity is as follows:—

1—Farmers,	5—Blacksmiths.	9—Miners.
2—Shoemakers.	6—Carpenters.	10—Bakers.
3—Weavers.	7—Tailors.	11—Butchers.
4—Grocers.	8—Labourers.	12—Innkeepers.

The extraordinary mortality of butchers is a fact for which we are indebted to the last census. Their red-flushed face has produced it seems, a wrong idea as to the healthful nature of their business. Whether it is their excess of animal food, their proneness to drink, or their exposure to the decaying matter that surrounds the slaughter-house, that is the cause of this newly discovered mortality, is yet to be investigated. The highest rates of this mortality are found in the class of

inn-keepers and licensed victualers;—not a bad argument for the tee-totalers,—though their exposure from frequent intercourse with large numbers of people should not be left out of account.

"JOURNAL DE L'INSTRUCTION PUBLIQUE," AND "LOWER CANADA JOURNAL OF EDUCATION.

We have received the first numbers of the two above-mentioned journals, and willingly place them on our exchange list. The advent of two periodicals devoted to the interests of education, simultaneously with the opening of two Normal schools in the city of Montreal, is an event which cannot but gladden the heart of every lover of his country. The future historian of Lower Canada, will, we are certain, have occasion to point to this event as the first dawn of a bright day in the intellectual history of the people, in the noon-tide glory of which he will himself live. The talented and indefatigable superintendent of education, Hon. P. J. O. Chauveau, who has done, and is now doing, so much for the furtherance of education amongst us, is editor in chief of both Journals; the assistant editors being Messrs. Joseph Lenoir and John Radiger.

HOSPITAL REPORT.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 19th January to the 4th March, 1857.

	Men.	Women.	Children.	Total.
Remained,	22	17	2	40
Since admitted,	10	18	3	31
	32	34	5	71
Discharged,	9	12	0	21
Died,	1	1	0	2
Remaining,	22	21	5	48

DISEASES.

Fever,	6	Hæmorrhoids,	1
Inflammation of Bowels,	1	Frostbite,	2
Rheumatism,	1	Asthma,	1
Syphilis,	3	Gastritis,	1
Abscess,	2	Chorea,	2
Ulcers,	1	Scarlatina,	1
Pregnancy,	6	Erysipelas,	1
Cornitis,	1	Phthisis,	1

C. E. LEMIEUX,
House Surgeon.

Marine Hospitals.—We understand that Mr. Guthrie, seeretary of the treasury, who directs the administration of the marine hospitals, has recently issued a code of regulations designed to increase the efficiency of these institutions. These rules contain provisions for the formation of libraries for the use of the convalescent, and directs the appointment of visitlng boards for each hospital. Dr. Nott has been designed as the medical visitor for the Mobile hospital, and Dr. Blaney for the Chicago hospital.

Louisville Medical School.—The building occupied by the medical depar'ment of the University of Louisville, the "old school" of that city as it was called, was burned down on the 31st December last. By this disaster, the laboratory, museum, and library, procured by the professors mainly at their own cost, were completely destroyed. It is said the library embraced the most complete collection of French medical works that existed in this country.

A good Collector.—The celebrated Dupuytren had a faithful servant, who was always stationed at the door of his hall. There were two bells fixed over the porter's head, communicating with the consulting room. On bowing the patient out, Dupuytren rang one of the bells. If the fee had been paid, one particular bell was rung, and the servant understood that all was right, and the patient was allowed to depart without any interruption. If the patient forgot the baron's fee, the "no pay" bell was tingled, and the servant addressed the patient very politely in the following manner: "Mille pardon, Monsieur, I think you have forgotten to give the baron his fee." "*Ciel*," exclaims the patient, "*quelle négligence, le voici, avec mille apologies au baron.*"

Tit for Tat.—A few years before Dr. Baillie's death, during a visit which the late Professor Gregory of Edinburgh made to London, these eminent physicians, each distinguished in their several departments, conversed together on several occasions, and the judgment they jocosely passed upon each other was expressed in the following manner:

"Baillie," said the accomplished and classical professor "knows nothing but physic." "Gregory," exclaimed the experienced and skillful London practitioner, "seems to me to know everything but physic."

Jenner's Epitaph.—The following appropriate lines are engraved on Jenner's monument:

Within this tomb hath found a resting place,
The great physician of the human race—
Immortal Jenner, whose gigantic mind
Brought life and health to more than half mankind.
Let rescued infancy his worth proclaim,
And lisp out blessings on his honored name,
And radiant beauty drop her saddest tear,
For beauty's truest, trustiest friend lies here.

A Good Diagnosis.—A lady whose fondness for generous living had given her a flushed face and a carbuncled nose, consulted Dr. Cheyne. Upon surveying herself in the glass, she exclaimed, "Where in the name of wonder, doctor, did I get this red nose from?" "Out of the decanter, madam," replied the doctor.

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ORIGINAL COMMUNICATIONS.

ART. XXXIV.—*Sanitary Measures.* By ANTHONY VON IFFLAND, M.D. &c., Vice-President of the College of Physicians and Surgeons L. C., &c.

Two of the most important subjects now absorbing the attention of the people in England, Scotland and the continent of Europe, would appear to be, emigration and public sanitary measures. The former has not escaped the comprehensive mind of the Honorable the Minister of Agriculture, and since his advent to a seat in the councils of the country, his exertions to promote emigration have been indefatigable; and nothing, I believe, on his part, has been wanting to secure to it prospective advantages, and to the country vigorous arms to extend and develope its multifarious resources. The latter is, however, intimately connected with an increased emigration, and from involving consequences of deep interest, ought not to be overlooked by the legislator.

It is an incontrovertible fact, that diseases of a most malignant character will invariably follow a large emigration; and I need scarcely add, that, if we refer to the years 1832, '34, '47 and '54, periods in which our cities, towns and villages were decimated of their population by cholera and ship fever—(a modification of typhus)—we have the strongest evidence of this melancholy fact. And is it therefore to be wondered at, if this contemplated great accession of strangers to our shores should occupy with intense, and even fearful interest, the public mind.

Each of the periods alluded to presented a large emigration from the several ports in Great Britain and Ireland; periods, eventful of fearful epidemics,—and which, during their invasion, not only made many hearts desolate, homes tenantless, but spreading far and wide suspended the growing prosperity of the Province in its extended commerce, and fertile fields of agriculture.

Living under the shadow of apprehension with regard to the future,

it behoves us to appeal to the able statesmen now ruling the destinies of the country, to protect the population by the enactment of sanitary measures—convinced, as I am, that the subject of prevention merits a much greater degree of consideration than it has hitherto received from government, and is far more intimately connected with the vital interests of society than has been imagined.

It may be said that we have already a sanitary law, commonly called an Act for the Establishing a *Central Board of Health, &c.* This act is partly taken from the "Nuisance Removal and Disease Prevention Act of 1848, for the prevention of epidemic, endemic and contagious diseases, and by order of Her Majesty's Most Hon. Privy Council, which has twice, I believe, been put in force in this Province; but it is a well established fact, that this law has not been attended with those benefits which the framers had anticipated. An extended experience has proved that this act is altogether inadequate for insuring those prompt, comprehensive, and vigorous measures so urgently demanded on the presence and invasion of a great and destructive pestilence or malignant disease.

I need scarcely observe that co-existent with the operations of the Central Board of Health in 1854, another commission was issued by government, composed of three members, to inquire into the causes of the introduction of *Asiatic Cholera* into the Province, &c. The report of the commission not having yet been published, by order of the government, I cannot now hazard an opinion upon its importance and merits, much less upon its necessity. It may suffice to remark, that the medical commission were, Drs. Jackson and Landry, gentlemen not only of eminence and distinction in their profession, but of the highest integrity.

A true and intelligent sense of the awful calamity impending over the country, and which had originated the act of the legislature, would have required the most unremitting energy to prepare, as far as practicable, to resist it; but it is truly to be regretted, that in several parts of the Province, not one fact of sanitary science had been ascertained, and as might have been expected, the most disastrous consequences, in many instances, ensued.

It is true, when epidemics or malignant diseases actually invade the Province, more energy was, in general, displayed, there was more yard and house-cleaning, and more lime-washing. That these did good, there can be no question, but surely a moment's reflection will show, that they were not those *mainly* contemplated by the act, for constituting a Central Board of Health,—inasmuch as it was not exactly the

time to strengthen the resisting power of a people, to enable it to withstand a mortal disease when that disease had actually locateditself amongst them, and while months of preparation would have been required to fulfil the intentions of the regulations—yet the country can never forget the personal exertions of that philanthropic and distinguished physician, Dr. Wolfred Nelson, when President of the first Board, to supply the deficiency of the act; and almost simultaneously, the present excellent Mayor of Quebec, Dr. Morrin, then President of the local Board of Health, also contributed his excellent acquirements and experience in *public hygiene*, to those of his learned friend. "We cannot over-rate the importance of preliminary sanitary measures by a Board of Commissioners —they have nothing to seek when the emergency arrives,—all plans of operations are settled and their machinery arranged." These are the very judicious expressions of Dr. Wolfred Nelson.

The conclusion necessarily follows that the time has arrived, when efforts, in some degree commensurate with great impending evils, can no longer, with safety, be deferred, and that to insure to the public the benefit and protection of well considered and efficient sanitary measures, with all the appliances that science can devise, none but men of distinguished attainments and experience, who have been long held in public estimation for these important attributions, should be entrusted with their execution.

Since writing the above, I have seen His Excellency the Governor General's speech on the opening of the Provincial Parliament, and among the most important measures which His Excellency has recommended to the consideration of the Legislators, is one for the more *effective inspection and supervision of all public institutions.* It is a measure in which writers of much practical experience and observation have been engaged for several years, and it may be added, that the most intelligent portion of the press of the country has never failed to exert its powerful influence, to promote the important ends contemplated by that measure. The state of these public institutions, the crying evils which pervade them, as well in their management and economy, as in their subjection to influences prejudicial to their well-being and prosperity, have frequently drawn the attention of Grand Jurors in their hurried visitations,—but it is not too much to say, that in their expositions and suggestions, they invariably evidenced an entire absence of correct information, on their internal administrative economy and discipline.

It may yet be within the recollection of many of your readers, that during the short administration of our Provincial Government, by Lord

Durham, every exertion was made—by the application of the most distinguished talent and activity—to effect the disappearance of all abuses and defects in these institutions, and to secure such systems in their management, as might no longer endanger their efficiency and prosperity. To these ends a separate department of inspection and surveillance was created. The abandonment—I shall not say recall—of the government by this able and distinguished statesman, put an end to the fulfillment of the intentions he had in view with regard to every public institution in the Province. These intentions, on leaving the country, his Lordship personally assured me would be acted upon by his successor, and I have now before me, a letter to that effect from his physician, Mr. John Dorati, formerly physician to our most gracious Queen's father, the Duke of Kent.

It is not, however, to be understood, that so important a measure has since that period been entirely overlooked by succeeding administrations, and we have at the present moment, members in the government, who have long entertained the same opinion as Lord Durham, on the absolute necessity of effecting organic changes in the general government and economy of these public institutions, and who have always been impressed with the conviction that "*the amount of good secured can only be commensurate with the laws and discipline which govern them.*"

It is, however, reserved to the present liberal government of the country, to originate a measure which will maintain a permanent barrier of protection to a numerous class of fellow-beings, whose moral and physical infirmities have rendered the establishment of such institutions indispensably necessary, both for the safety of society, and the calls of suffering humanity.

You will, perhaps, permit me in conclusion, to subjoin the observations of writers of great practical experience, and who have devoted many years to the important subject of ameliorating the character and condition of our public institutions, comprising Public Hospitals, Jails, Lunatic Asylums, Quarantine, &c.

"Nearly all our public charitable institutions, and others, are under the immediate control and supervision of certain commissioners appointed by government, and the executive management is intrusted to officers, under guidance of whatever rules and regulations the commissioners may, in their wisdom, dictate, but which, in time, have proved the source of incalculable mischief and trouble; yet, supposing that they have been prescribed with the best views and intentions, "*rules have no power to execute themselves, and are but a dead letter, when the*

energy which gives rise to them is withdrawn; and, indeed, their existence may serve to lull suspicion, and for a time, to give additional security to evil doing." The present constitution of commissioners affords not only *no check* to a continued series of abuses, but no facility whatever for the investigation,of complaints; and we must repeat here, that we shall never secure any efficient system of government and general economy in these institutions, until we have the appointment of *competent persons* to visit and inspect, under the authority of government, all establishments of whatever description they may be,—to ascertain how they may be effectually improved and provided, to collect information under uniform heads, and to report *annually*, or oftener, to the public, the results of their observations and inquiries, and such other details as may enable the Legislature to form a correct opinion of the state of public institutions, and thereby, carry into effect such judicious and well-matured measures, as regard the improvement and modifications of which they may be susceptible."

Another observes:—"With regard to our existing public institutions, comprising those of a general character, they have, of late years, been under such systematic misgovernment as to have drawn the serious attention of the public, and must sooner or later necessitate the complete re-organization throughout the whole administrative machinery. Such have been the growing evils in some of these institutions, that government has frequently been called upon to issue commissions of enquiry, but which have generally resulted in great expense to the country, and without effecting those salutary changes and reforms in their government and management, which might secure efficiency in their respective objects, or of preventing the recurrence of evils, mainly originating in the defective enactments of their condition and supervision."

"The government of the country has, however, in its power—with the sanction of the legislature—the means of fully remedying the many evils and abuses which are acknowledged to prevail in several public institutions, at a less expense than commissions of enquiry, in a more judicious and desirable manner, attaining the ends of justice with greater regularity and better effect, and unquestionably more satisfactory to the people at large, by a department of *general inspection, or surveillance*, of all public institutions. This department, if entrusted to the administration of men of enlarged minds and accquirements, cannot fail of ameliorating the condition of the numerous objects of these institutions, of leading to the spread of more enlightened views, important alike to the interests of science and humanity, and to the most benefi-

cial changes in the economy and management of every class of establishments in the province."

Happily this important subject has engaged the attention of the present administration, and convinced, as every right-minded man must be, that the prosperity of the province, and the happiness of its people, are, with its members, considerations which supersede all others; we may rest assured that nothing will be wanting on their part, to render our public institutions as efficient in all their acquirements, as their great importance and usefulness, now so urgently and so justly demand from a government of liberal and progressive views.

Quebec, April, 1857.

ART. XXXV.—*Punctured Wound of Pleura Costalis; Extensive Pleuritic Effusion, Recovery.* By J. A. GRANT, M.D., Ottawa.

Few have better opportunities of ascertaining the deleterious influences accruing from the immoderate use of alcoholic liquors, than the practitioner in his callings throughout the various classes of society, and few, if any, can exert a more beneficial effect upon the inebriate wherever observed. The daily journals teem with instances of crime perpetrated when the reason has been supplanted by this potentate, and man thus forced to violate those laws which blend society harmoniously throughout its numerous circles. The following is a peculiarly fortunate and interesting example:—

October 20, 1856, L. M., æt 24, a carter, of middle stature, in a drunken affray, received several wounds, inflicted with a sharp pointed instrument, one of which constitutes the case in question. About an hour afterwards I was present. On examining his person the following external injury presented:—*Right side*, a small clean wound opposite fourth intercostal space, below and one inch to the right of nipple. On probing the wound it was found to pass obliquely upwards and inwards to second intercostal space. At this period no positive proof of thoracic puncture existed—still from what follows, it will be observed that the instrument entered the right pleural cavity, opposite second intercostal space—piercing only pleura costalis and escaping intercostal artery. The existing freedom of respiration, composure of features and absence of any bloody expectoration favored the opinion of above pleural injury. Having carefully examined the wounds, covered external opening with tepid water dressing, retained in situ by light bandaging,

patient ordered to rest on affected side, to have low diet and avoid all stimulants.

21.—Pulse during the night has increased in volume and rapidity, varying from about 95 to 100. Inclined to restlessness. No discharge of blood from orifice of wound. Tenderness on pressure and slight swelling over the seat of injury associated with a degree of pain. Clearness on percussion of chest. Respiration slightly interrupted or jerking in rythm. Ten ounces of blood were taken from the arm, and his bowels freely acted upon by calomel and jalap. Renewed dressing to wound.

22.—Has passed a better night—pulse 90—pain inside experienced at intervals. Bowels have been moved. Ordered a combination of calomel, Dovers and ant. tart. every three hours until again visited.

23.—Rested several hours during the night—pulse reduced in volume and frequency. Pain inside less severe. To continue powders every four hours.

24.—Was not so well this morning, and the pulse being more rapid and resisting, ten ounces of blood were again taken from the arm, after which he appeared much relieved. Tongue white—no mercurial fœtor. The calomel ordered every six hours in combination with opium; also hot fomentations to side.

25.—Has passed a more favourable night—and enjoyed a few hours sleep—pulse less frequent—edges of wound moistened with a serous discharge; tepid dressing re-applied. From this period, being now under the influence of mercury, he continued to progress until Nov. 5, during which interval diuretics and purgatives were administered as indicated.

Nov. 7.—Says he has not felt so well for a day or two, sleep not *so refreshing* as formerly; increased discharge from wound of a seropurulent nature, now displaced in small proportion by coughing, but more profusely by closing the air passages and attempting forced expiration. Having been under the influence of mercury followed by the acet. and bitart. potass.; I ordered ℞. tinct. iod. co. ʒss. Aquæ. puræ. ʒviij. M. fiat. misturæ; capiat cochleare amplum ter in die.

Nov. 9.—Dullness on percussion over right side—particularly opposite lower and middle lobes laterally, associated with temporary absence of respiratory murmur. Aegophony not distinct. No marked intercostal bulging. Modified bronchial respiration at the posterior part of lung. (lower and mid. lobes.) At this period Dr. H. Hill visited patient in consultation. Being now made to assume the erect posture—about one pint and a half of characteristic seropurulent fluid was forced from wound, in as perfect a jet as if paracentesis had been performed. Dysp-

nœa much relieved—after removal of fluid. Applicetur vesicatorium lateri dextro, et repetantur alia.

At a later date Dr. V. Cortlandt visited the case, and also considered it unique.

From Nov. 9th to 26th.—Patient gradually lost flesh, became thin and emaciated—still not affected by cough, pain, or diarrhœa. Frequent rigors and night perspirations. Pulse varied from 80 to 100. The discharge from side continued to flow spontaneously, and by forced expiration, very profusely; remaining uninfluenced by the prescribed remedial agents. Observing its obstinacy, the consequent emaciation and impending hectic, my course of treatment was altered. First causing to be displaced the accumulated pleural effusion, I injected the cavity with three and a half ounces of the following solution. ℞ iodinii ʒj. potassii iodinii ʒij. spiritus rectificati ʒi. aquæ puræ ʒjv. After being retained in chest a short time, I withdrew the instrument, carefully avoiding the admission of air. A portion of injected fluid returned, after which the parts were dressed with adhesive plaster and a light roller. He underwent the operation with comparative ease, complaining of nothing but a sensation of heat in the side. The following powder was prescribed. ℞ pulv. ipecac. co. gr. viij.; hora somni.

27th.—Patient rested tolerably during the night—slept nearly four hours—countenance cheerful—some nausea and anorexia, pulse 95, skin moist, an occasional cough, not attended by any expectoration. Increased uneasiness of injected side, associated with a feeling of preternatural heat. Ordered ℞ oleum ricini ʒj. instanter.

28th.—He felt improved this morning; pulse 85; uneasiness much less; bowels open; tongue moist. Now enjoys more ease on his back than formerly. Increased freedom of respiration. Ordered to continue the mixture occasionally.

Dec. 4.—Continues to improve with surprising rapidity; sleep becoming more refreshing and the appetite more craving; can now rest on either side, and during the day sat up a few hours. After injection on Nov. 26th, the discharge lessened very much, there being only trivial oozing from wound up to Dec. 3, at which period there was almost an entire cessation, and an inability from the period of operation, to expel any fluid by forced expiration, as formerly.

Dec. 7th.—*Examination of chest.*—The intercostal spaces on both sides of chest are equally distinct, and alike dilated in respiration. The right side of chest measured about half an inch less than the left. *Percussion*—Right side sounds tolerably clear everywhere. *Auscultation* alike points out a return of parts to a quasi-normal condition. These

physical phenomena continued to improve, and by the improvement elucidate the manner in which diseased actions pervert the simultaneous and rythmical operations of both lungs, also, by a return to a healthy condition; the beautiful mechanism, by which these organs are characterized, is gradually restored.

14th.—Upon visiting patient at this date, I to my great astonishment, found, that during the night he had made an unknown exit, in order to evade the administration of justice. From the account of parents he continued going on well; no discharge from side, and a marked desire for animal food.

Remarks.*—As stated by M. Champouillon of the Hospital of Val de Grâce:—"No medicine has as yet, with the exception of sulphate of quinine, acquired such reputation as iodine." With a view towards contributing one more fact, in confirmation of its extended utility as a remedial agent, the above case has been reported. This latter method (*i. e.* iodine injection) was suggested, *First*. From the fact of parts as intimately connected with life, as the pleura, having been injected fully, viz.:—The pericardium, by M. Aran; the peritoneal sac of hernia, for the radical cure of ruptures, by Velpeau, Jobert, Maisonneuve, Ricord, Cartson, &c., ovarian cysts., by Bainet of Paris, subsequently by Professor Simpson and many followers. The tunica vaginalis, for the radical treatment of hydrocele, by Mr. R. Martin. Large joints, for the removal of effusion, by Bonnet of Lyons. Other parts similarly treated, but of minor consequences, might be adduced. *Second*. from the circumstance of the pleura itself having been injected for the prevention of pleuritic effusion, with no small share of success. Six cases are related as follows:—M. Bainet, 1; M. Boudant, 1; M. Massiani, 1; M. Aran, 2, and J. Windsor, 1; also Dr. Atlee, 1.—*Braithwaite's Retrospect*, part 31, pages 86 and 87.

It will be observed, of those eight cases cited, only one failed, and that indirectly. Dr. Suytgarens, of Paris, has the credit of having repeatedly injected the pleura with an iodine solution, and with success. The beneficial effects resulting from the extended use of iodine, in analogous cases, proceed from a common principle, viz., that the topical application is capable of altering the morbid tendencies in the part with which it comes in contact when favorable, from its strength &c., of inducing adhesive inflammation in the opposite side of the membrane. The parts mentioned, though various in locality, are homologous in their structural seat and pathological bases, and accordingly the local treatment for the one becomes applicable to the other.

*Medical Chronicle for April, 1857.

The principle was known in Surgery long before the introduction of iodine, and was exhibited by Earle,* in the treatment of hydrocele by the injection of port wine. Dr. Brainard (American Journal Med. Sciences,) relates some cases in his own practice, where he injected as much as gr. xx. iod. potassa, dissolved in ℥j. distilled water after he had evacuated the fluid of ascites by tapping, and from his own experience, in conjunction with that of other medical men concludes:—It may be considered an established fact, that injections of this kind, may be made with suitable care, without danger of producing inflammation. More recently Dr. Bainet has contributed some important facts bearing upon this subject, (Brit. and For. Med. Chirurgical Review.) This writer would lead us, however, to conclude that the injection treatment is most suitable in the case of secreting adventitious structure or new formations, than in that of serous membranes simply undefended. As an illustration, it is more advisable in ovarian dropsy than ascites, and we may add in empyema than in hydrothorax. The proof brought forward in substantiation, is, that on serous membranes the tinct. of iod. always produces in them very severe and cutting pains, in an instantaneous manner, while in encysted formations the iodine injection is never painful.

Ottawa, April 20, 1857.

ART. XXXVI.—*Adipose Tumour over the left ilium above the hip, the size of a large fœtal head,* growing 17 years, and mistaken for a Ventral Hernia; successfully removed. By GEORGE D. GIBB, M.D., M.A.,F.G.S., licenciate Royal College Surgeons Ireland; Physician to the West London Infirmary; Fellow of the Pathological Society, and Fellow and Member of Council of the Medical Society of London.

In the December number of the *Chronicle* I read with much interest an account of the removal of a large adipose tumour from the labium pudendi of an old woman, by Dr. Wight of St. Johns, C.E. This situation would seem to be an unusual one for fatty tumours, but it is by no means an uncommon site for their appearance; I may mention, in proof of this, as many as 4 or 5 instances, which came under my notice in the London Hospitals, during the last 2 years. One of these was a pendulous tumour, the size of a child's head, growing from the external labium, of a female aged 35, in St. Mary's Hospital, which was removed by Mr. James Lane,last August. It had produced no inconvenience

* Chelius by South, vol. 2, page 503.

until lately, and had grown rapidly, as it was not larger than a walnut three years before. Its weight was 3 lbs. 11 oz., nothing in comparison to Dr. Wight's case. We can well understand why fatty tumours in this situation are not rare, on considering the amount of fat tissue present at the upper part of the labia, extending to the mons veneris. However, my desire at this moment, is to record a case in the *Chronicle*, which came under my care when practising in Montreal, in 1852, of a fatty tumour situated in a very awkward part of the body, and which was pronounced to contain intestine by several medical men who examined the tumour, and who gave the advice to the patient to let well alone, and have nothing done to it. I removed it; the preparation is to be seen at the present time in the Museum of the French School of Medicine, and marked D. F. 4. *Michel Dodelin*, aged 45, a carter by trade, of nervo-bilious temperament, always in the enjoyment of good health, presented himself before me, at Montreal, on the 26th April, 1852, requesting me to remove at once the tumour upon his left side. I had examined him nearly 3 years before, and at that time wanted to remove this tumour from him, which I diagnosed to be fatty, when it was not larger than a small orange, but he would not consent. Its growth commenced as a very small nodule 17 years before, and remained of minute size for years, but from its situation and the irritation produced by the constant pressure of his trowsers, and oftentimes from knocking his side against his truck, it gradually augmented until it attained to the size of a large fœtal head.

The tumour was situated over the external flat surface of the left ilium, near the anterior spinous process, and in a line with the outer lip of the crest. It was pendulous, hanging downwards upon the outer part of the thigh, a large part of the hand being capable of being thrust underneath it. Its surface was discoloured and mottled from irritation, and a few large veins coursed across it. The measurements were 13¼ inches in its largest circumference, and 8½ in diameter from above downwards across the tumour. From the peculiar soft, inelastic, woolley feeling it possessed, taken with the history, I had no hesitation whatever in pronouncing it a fatty growth, in which opinion my friend, Dr. Macdonnell, at once coincided. I appointed next morning for its removal.

27th April.—This morning, at 11, I went to the patient's house in St. Felix Street, and with the assistance of my friends, Dr. Geo. E. Fenwick and Mr. (now Dr.) Victor Perrault, proceeded to remove the tumour, which I accomplished with the patient on his right side on a small table, with his back towards the window, without chloroform.

F. The operation consisted of an elliptical incision from above downwards, including a piece of skin 1¾ inches broad at its middle, the integuments being dissected off, and the tumour completely isolated and then removed. A small vein was wounded, and only a few drops of blood were lost. As the tumour was very easily detached, its removal occupied but 2 or 3 minutes, without pain to the patient, who stood it well, and who did not require even a stimulant, a matter for wonder in a French Canadian. A few stitches brought the lips of the wound together, over which were applied a few strips of adhesive plaster, and cold water dressing.

The tumour was a fine specimen of the adipose variety and weighed 17 ounces; it was of a golden yellow color, and more or less lobulated. A coloured drawing which I made of it, the afternoon of the day of its removal, gives a striking and correct likeness of it.

The greater part of the wound had healed by adhesion on the day after the removal, and in the course of 3 or 4 days the wound was quite healed; the patient resumed work on the tenth day.

What made me think somewhat of my own case, and which Dr. Wight's case determined me to forward to the *Chronicle*, was seeing a tumour which weighed a pound removed from a similar situation to that in my patient, in a female aged 17, at St. Mary's Hospital, last summer, by Dr. Lane; and another instance in August last, at Guy's Hospital, removed by Mr. Cock. The possessor of the second was an elderly female who resided for some years at Bordeaux, in France, and every practitioner whom she consulted in that town refused to interfere with it, alledging it was malignant. It was only the 5th of this month that I saw another large oval flattened tumour, the size and shape of a large femoral hernia, removed from the right groin of an elderly coachman at St. George's Hospital, by my friend Mr. Prescott Hewitt, which had been growing for 25 years, and during which time as many practitioners had been consulted about it, all giving a different opinion, and most of them declaring it to be malignant. This shows the necessity of attention to the diagnosis, a matter of no difficulty, if it is remembered that the cellular septa which pass into the tumour and divide it into lobules, are attached to the integuments, and that by squeezing the growth or any portion of it with the hand, the irregular puckering of the skin is well seen, thus showing the nature of the tumour. This interesting and very useful practical point first emanated from Mr. Hewitt. Moreover, the peculiar feel of a fatty tumour, in most instances, is not to be mistaken, resembling soft wool in its want of firmness and elasticity, but this feature is not constant.

I have no doubt many of your readers are familiar with the case in which the late Dr. Crawford removed a fatty knapsack from an old man's back, in the General Hospital at Montreal, on 18th March, 1850. It was situated on the upper part of the back, between the two shoulders, forming a large, circular, flattened, natural knapsack, which had been worn for twenty years; it weighed 8 lbs. I saw my friend Mr. Pollock remove a large lumbo-dorsal tumour, weighing 12¾ lbs., from a little girl aged 7½ years, on the 30th of October last, at St. George's Hospital, which simulated a spina bifida; its growth commenced when 18 months old, but no surgeon in the country would meddle with it, she was sent up to town, had it removed, and returned home in a few weeks cured. She was, probably, the youngest patient ever known with such a large fatty tumour. Mr. Pollock completely removed and detached the growth in the short space of a quarter of a minute, or fifteen seconds. If Mr. Pollock's case resembled a spina bifida, it could not be mistaken for that affection, but a few nights ago (Feb. 17,) Mr. Athol Johnson exhibited at the pathological Society, a small fatty tumour taken by him two weeks before, from the lower part of the back of a female child, about 2 years old, an inmate of the Children's Hospital, which might have very justly been mistaken for it. It grew from the membranes of the spinal cord, through an opening leading into the spinal canal close to the sacrum. She had convulsive movements of the leg before the operation, but they disappeared afterwards. Mr. Pollock's case I reported in the *Lancet* of 13th December last, and mentioned several interesting facts in relation to this form of growth. I consider this case of Mr. Athol Johnsons as curious as any instance ever recorded, and not less so than a discovery of a fatty tumour in the brain, the occurrence of which I have recently seen mentioned in some Journal.

One of the most remarkable fatty tumours on record, is an instance given in the 5th volume of the transactions of the Pathological Society of London, wherein a pendulous fatty tumour occupied the pharynx and larynx; the specimen was exhibited by Mr. Holt of the Westminster Hospital. As a rule these tumours are generally single, Dr. Gross, however, relates the case of a gentlemen, 38 years of age, who attended his lectures, on whom he counted upwards of 200, in size from a pea to a marble. He removed one to ascertain their true nature, which proved to be fatty.

In conclusion, I must not omit a singular peculiarity possessed by this form of growth, and that is their tendency to shift their position, several well authenticated instances have come under my notice, in which they

glided from the spot on which they originally grew. Mr. Paget relates cases in which a translation occurred from the groin downwards to the perineum and the thigh. I trust that these few observations, together with the report of my own case, may not prove uninteresting to your numerous readers.

London, March, 1857.

ART. XXXVII.—*Case of Poisoning by Laudanum.* By J. M. STEVENSON, M.D., L.R.C.S.E., London, C. W.

A few days ago I was called in a great hurry to visit a man who had swallowed two ounces of laudanum an hour or two previous, with the intention of committing suicide. When I arrived at his house, I found him lying in a corner of the room in a state of complete stupefaction, from which he was roused with great difficulty. I at once administered an emetic, which acted in a very short time, and kept him roused by making him run quickly round the room, for about three quarters of an hour. I then entrusted him to his friends, with directions that on no account should they allow him to go to sleep for a considerable length of time; and to secure this still further, I sprinkled a few grains of dolichos pruriens on his skin, which kept him scratching during the greater part of the night, and next morning he had quite recovered from the effects of the poison. I think that this case is worthy a place in your Journal, as I cannot find any well-authenticated case recorded, where recovery ensued after taking such a large dose of the poison; the four ounce case reported by Taylor being somewhat doubtful, from the fact, that no symptoms occurred, notwithstanding that the poison remained in the stomach for more than nine hours.

I may just remark, that about two weeks previous, this same person came into my surgery and informed me that he had taken half an ounce of laudanum. Knowing that this was the smallest fatal dose recorded, I did not apprehend any danger, and contented myself with administering a large emetic.

London, C.W., April, 1857.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XLVII.—*An Exposition of the Signs and Symptoms of Pregnancy; with some other papers on subjects connected with Midwifery.* By W. F. Montgomery, A.M., M.D., M.R.I.A., Ex-scholar of Trinity College, Dublin; Professor of Midwifery in the King and Queen's College in Ireland; lately President of that College, and one of the President's of the Pathological Society; one of the President's of the Obstetrical Society; Member of the Societé de Biologie of Paris; Member of the Imperial Medical Society of Vienna; and of the Society of Natural Philosophy and Medicine of Heidelberg. From the second London edition. Pp. 558. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Montgomery's standard work on the signs and symptoms of pregnancy has, in this second edition, swelled to a volume of considerable size, and is, we may furthermore add, completely exhaustive of the subject. Whoever has it to consult, when called upon to determine the sometimes difficult and anxious question—"pregnant or not pregnant?" will find it an able and trustworthy counsellor in his extremity. Cases are not rare of families being plunged into the very depths of affliction, by the false belief, sanctioned by their medical attendant, that a loved and tender lamb of their flock had wandered from the fold of virtue and fallen a prey to that merciless wolf of society—the seducer; and it has occurred more than once, that innocent loveliness and purity, damned by the erroneous decision of the honest intentioned but ignorant practitioner, has sunk broken hearted into a premature grave. The mark of infamy deeply branded on her, and which, while living, burned into her very soul, becoming obliterated at last by a *post mortem* examination. Our author relates an instance which was productive of great mental distress until all suspicion was removed by a certificate from himself:—"A well educated young woman Anne W., mistress of an infant school, established by a family of rank and fortune, was observed to be large in her abdomen, and to exhibit several symptoms of deranged health; in consequence of which she was visited by a medical man, who discovered in the abdomen a tumor as large as, and in other respects resembling, a gravid uterus of six months; but the catamenia were declared, but not believed to be quite regular, nor were there present the mammary changes indicative of conception; but she was pronounced pregnant, and another and more senior practitioner confirmed, in the strongest terms the opinion already given, the truth,

or possibility of which, the young woman most solemnly denied ; the family under whose patronage she lived entertained the highest opinion of her morals and veracity ; but the medical opinion was so strong and unqualified that she was removed from her situation, and sent to town, never to return, except she brought from me a certificate that she was not in the conditiou attributed to her." On examination he discovered the presence of a fibrous tumour in the abdomen which the others had mistaken for an enlarged and pregnant womb, and on giving her the necessary certificate, she returned home and was afterwards married to a young man, to whom she had been engaged. Subsequently she became pregnant, had a severe labor, followed by inflammation which resulted in death. How fortunate it was for this young female that she resided with persons who had faith in female chastity and truth ; and doubly fortunate was she to have been sent for final examination to one who could so readily determine the presence or absence of pregnancy. How different would have been the result if, instead of falling into his hands, she had been examined by one whose knowledge of the signs and symptoms of pregnancy was on a par with the two practitioners who had already condemned her ? A very instructive case lately occurred in the practice of one of our medical friends. Several of the same kind, however, have been placed on record. He was called on by a gentlemen, whose family he attended, to visit one of his daughters, a young girl seventeen years of age, whose abdomen had been gradually increasing in size for some months, and whom her friends believed to be pregnant, notwithstanding her solemn asseverations to the contrary. Her father, who was a passionate man, threatened her with expulsion from home, and this, coupled with constant upbraidings from other members of the family, kept her in such constant distress of mind, that her health became visibly impaired. On enquiry, our friend ascertained that the young girl had never menstruated, but that, at regular monthly intervals, she had the usual symptoms of approaching menstruation. After a careful examination, not finding any sign of pregnancy present, except a uniform enlargement of the uterus, and having a suspicion as to the nature of the case, he proposed an examination *per vaginam*, which was readily acceded to on the part of the young girl, for, firm in her consciousness of innocence, she earnestly desired a thorough investigation, in the belief that it would tend to establish her reputation, and restore her to the affection of her family and friends. On attempting to introduce his finger into the vagina, it was checked by a thick membranous band, which completely occluded the entrance, and was slightly bulged by an accumu-

lation of fluid behind it. As he expected, it proved to be a case of imperforate hymen. He immediately punctured the membrane, and gave exit to a considerable quantity of retained catamenial discharge, much to the delight of his patient, and her now penitent parents. The conduct of the friends towards the young girl, is, in our opinion to be strongly reprehended. We know it is customary, whenever a slip is made by a frail or too-confiding daughter of Eve, to visit her with a sentence of outlawry from all decent and respectable society. Her former intimates and associates regard her with loathing and contempt, and speak of her in the harshest and most cruel terms; her own family disown her, casting the poor creature from them as if she were a very sink of moral pollution, that could not be approached without risk of contamination, and the world generally, heartlessly, ridicule her condition and bandy the coarsest jests on her misfortune. But is this right? Does it accord with the conduct of our great Exemplar, who addressing the woman taken in adultery, said: "neither do I condemn thee, go, and sin no more?" That a woman should be made to feel severely the loss she has sustained by yielding up her virtue, is, we think necessary to the happiness and well being of society. The punishment should, however, never be so great as to drive her to despair and make her, as is too often the case

> "Mad from life's history,
> Glad to death's mystery,
> Swift to be hurl'd—
> Any where, any where
> Out of the world!"

Or if suicide be not committed, to send her as a recruit to the ranks of those pitiable objects "whose feet go down to death, and whose steps take hold on hell." It is really surprising the strength of virtue possessed by some of these poor women who have been cruelly deceived. We have seen them with crushed hearts and souls humbled to the dust, patiently bear the unfeeling jibes and sneers of *christian* [?] relations and acquaintances—repel the strongest inducements to enter upon a course of vice, and, by their own honest industry, support and educate their child of shame. Such instances occuring then, and not rarely either, under the present inhuman manner of treating these delinquents, it becomes a question, which every one should put seriously to his own heart, how many might be saved from the brothel, or from rushing madly on their own destruction, if a little more of the [illegible] christian charity were infused into the spirit with which they are treated, and hope held out to them of eventually attaining the position, in society, of "honest women?"

In investigating a case of suspected pregnancy, where powerful reasons exist to influence the female in leading the examiner astray, it requires great discrimination and careful enquiry on his part, more particularly if he be a young practitioner, to prevent him from forming incorrect conclusions. While strenuous and solemn assertions of innocence ought to have their full weight, they are not, at all times, to be depended upon.

When *positive* signs of pregnancy exist, no amount of asseveration should lead him to swerve from his decided opinion; but should there be any uncertainty regarding the nature of the case, it is much better to give a qualified opinion and let the patient have the benefit of the doubt. "In this class of cases, if an examination is proposed, they sometimes decline it angrily, or they say they are afraid to submit to it, lest it should injure them, they are so nervous. Some, again, will assent to the examination with apparent readiness; but will take care so to embarrass and impede the examiner, as effectually to prevent his obtaining any satisfactory information. One will cry out, the moment the attempt is made to introduce the finger into the vagina, and declare that she cannot endure the pain; another will place herself in such a position, by turning on her back, or twisting about, or stretching down her legs, that a proper examination is impossible. Others effectually frustrate our attempts to examine for the uterine tumour through the abdominal wall by declaring that the pressure of the hand causes them pain, or by holding their breadth, and rendering the muscles tense and rigid." In illustration of the slight dependance that is to be placed on the assertions of some women, under suspicious circumstances, we will cite two very striking instances. A number of years ago, an unmarried woman was brought into the Lying-In Hospital, Montreal, accused of having destroyed her infant, to which she had given birth an hour or so previously. The child was discovered secreted in a trunk in her room wrapped up in a cloth. She furiously declared that she had never been in the "family way," that the child had been placed in the trunk by some person wishing to injure her character, and that she would not submit to being detained in the Hospital against her will. All this time there were six or eight inches of the umbilical cord hanging from the vagina. She resisted an examination for a few minutes, but being compelled to submit, a second fœtus was found in utero. The pains becoming severe she soon gave birth to the twin child; the placentæ with their two cords quickly following. But until the last, even after the birth of the second child, she persisted in declaring that she had not been pregnant. The second case occurred within the last nine

months. The patient complained to her medical adviser during the day that she was losing a considerable quantity of blood, more than she was accustomed to lose at her usual monthly periods. Supposing her to be affected with menorrhagia, he placed her under treatment for that affection. During the succeeding night, however, he was sent for in haste as his patient was flooding considerably, and at the same time suffering great pain. On approaching the bed he was astonished to find that she had regular labour pains, and in submitting her to an examination, per vaginam, discovered the approach of a very young fœtus. Being told that she was giving birth to a premature child, she indignantly repelled the insinuation; and when, on the expulsion of the fœtus, it was held before her, she asserted her innocence, declaring that if she had been pregnant, she was placed in that condition without her knowledge.

"In proceeding to an investigation of this kind," says Dr. Montgomery "we must recollect that the signs, or proofs, of pregnancy are to be collected from various sources; and, moreover, that, of some of them we can have no evidence except from the report made to us, while of others we can judge by the changes existing before us, and cognizable by our senses. The following are the chief of these signs and of tne sources from which evidence is to be collected :—

1. Certain affections of the constitution induced by pregnancy which are the result of the new action; such as suppression of the menses, generally increased irritability of the nervous system, evinced in capriciousness of temper, or, perhaps, in the production of erratic pains, as in the face or teeth, greater activity on the circulating system, and especially on the exhalents, giving rise to œdema and of other forms of dropsical effusions; alterations in the countenance from the absorption of fat &c.

2. In consequence of irritation induced in the uterus, there is a train of sympathies excited in other organs, affecting either their physical constitution or their peculiar functions; such, for instance, are the changes produced in the breast, by which their size is increased, with tingling pains, the areola formed, and milk secreted; the stomach is rendered irritable; vomiting ensues; the appetite becomes variable and capricious, and sometimes the salivary apparatus participates so decidedly in the irritation that complete salivation takes place; a peculiar product named *Kyestein* is occasionally to be found in the urine.

3. The altered condition of the uterus itself, which, increasing in size, ceases to be a pelvic organ, and rises into the abdomen, which, in consequence, becomes enlarged and prominent, and a corresponding change

is effected in the state of the umbilicus; while at the same time, certain alterations take place in the os and cervix uteri, affecting their form, texture, &c., which we recognize by touch; and a peculiar colour may be observable in the mucous membrane of the vagina.

4. The contents of the uterus so enlarged; the presence of a fœtus therein, and its motions, which we endeavor to ascertain by manual examination, both *externally* through the abdominal parieties, and *internally* per vaginam; and also by the adoption of auscultation to discover the pulsations of the fœtal heart and the placentary sound or uterine souffle.

5. Certain organized substances may, under suspicious circumstances, be discharged from the uterus, by a proper examination of which we may be enabled to determine whether they are the product of conception, and, of course, positive proofs of pregnancy.

6. After death we may be called on to make an investigation for a like purpose, and, by the examination of the uterus and its appendages, to determine the question of actual pregnancy, or of previous impregnation." P. 71.

He divides the signs into three classes: *Presumptive, Probable* and *Unequivocal*, and enters fully into the consideration of each sign.

XLVIII.—*Fæcal Fermentation as a cause of Disease, together with the general rules of Treatment to be observed.* By C. H. Routh, M. D., Physician to the St. Pancras Dispensary; Assistant Physician to the Samaritan Hospital, &c. London: T. Richards. P.p. 67. From the author.

There are so many circumstances to determine variety in the character of the human fæces, it is not at all surprising that analysis should differ materially from each other in the results of their experiments. One of the most recent analyses is that of Dr. Marcet. According to this gentleman's experiments, healthy human exerement contains—1. Excretine. This is a new organic substance, possessing an alkaline reaction, of which he is the discoverer. In its pure state it appears in circular groups of crystals, which have the form of a circular four sided prism, and polarize light very readily. It is very soluble in ether cold or hot, but sparingly soluble in cold alcohol; it is insoluble in water, and is not decomposed by dilute mineral acids. It fuses between 95° and 96° C. and at a higher temperature burns away without inorganic residue. It contains nitrogen and sulphur, though in small proportions. 2. A

fatty acid having the properties of margaric acid. 3. A coloring matter similar to that of the blood and urine. 4. A light granular substance, which he is inclined to regard as a combination of phosphate of potash, and a pure organic matter. 5. An acid olive-coloured substance, of a fatty nature, which he names *excretolic acid*. It fuses between 25° and 26° C., and at a higher temperature burns without residue. It is insoluble in water, and in a boiling solution of potash; is very soluble in ether, and in hot alcohol, and slightly so in water. He believes they are combined in the excrements, in the form of salts with excretine, or a basis substance closely allied to it (*Lehmann's physiological Chemistry.*) Wehsang has found that the colour varies with the food; on a mixed diet the fæces are of a yellowish brown tint, dark on an animal diet, yellow on a milk diet. The odour, as a general rule, is most intense when the stools follow each other rapidly, and varies with the kind of food. The reaction is commonly acid, but not unfrequently alkaline or neutral.

"The retention of fæcal matters in the body," says Dr. Routh, "gives rise to different diseases." When they undergo putrefactive changes undoubtedly they do, but cases are not unfrequent, where they are retained for a considerable period and yet the person enjoys good health. Thus, it is quite common to meet with persons who do not evacuate the contents of their bowels oftener than once a week or once a fortnight, and who, nevertheless, appear not to suffer the slightest inconvenience from the retention of the excrements. Some cases, almost fabulous, have been placed on record, as the one related by Sir Everard Home of General Gosse, who served under the Duke of Cumberland in the Flanders war, and who for thirty years had no passage through his bowels.

Fermentation is much less in the small than the large intestines. "Occasionally the amount going on is excessive, as evidenced by the presence of copious frothy stools, and by the generation of unusual products. The decomposition of the fæces much resembles that of the food taken, and differs according to the nature of that food. On the supposition that the animal had been fed on flesh, then a limited supply of oxygen must be afforded. The nitrogen combines with hydrogen forming ammonia. Part of the carbon, phosphorous, and sulphur, also combine with the hydrogen, phosphuretted hydrogen and sulphuretted hydrogen, and another part of the carbon with oxygen, constituting carbonic acid. All these products with the exception of the phosphuretted hydrogen, were found in the colon by Marchand," p. 9. Our author believes there are three conceivable ways in which disease

may be generated by the absorption or ingestion of fæcal matters:—1. When in their natural, concentrated and undiluted state. 2. When taken after dilution or suspension in water. 3. When the emanations arising therefrom are inspired, or otherwise absorbed in the system. He considers the subject very fully and very ably under these three different heads. The diseases capable of being produced by fæcal fermentation are cholera, epidemic dysentery, typhus and typhoid fevers, plague and yellow fever. The remedies applicable in the curative treatment of such fermentation are those called antiseptics, consisting of those substances, which chemically act on the ferments, because they have an affinity for them, and thus bring about an equilibrium with fermenting bodies. "It is impossible to look over the list of antiseptics and disinfectants, without being struck with the fact, that among them are to be found most of those remedies which we have been in the habit of hearing so vaunted in practice for the cure of the diseases spoken of in this paper. I will instance a few of these:—*Sulphuric acid*, found to be most useful in cholera; also *cajuput*, an essential oil, in the first epidemic of this country; chalk, an alkaline earth, in the premonitory and other diarrhœas; *saline injections*, *common salt*, and its internal administration in *large* quantities; *mercury* according to Dr. Ayre's plan; and lastly, *charcoal*, which was so invaluable a remedy among the choleric patients in Canada, in 1832."

CLINICAL LECTURE.

On infantile hernia when strangulated; and on pulsating tumours of bone. By W. Lawrence, Esq., F.R.S., Senior Surgeon to St. Bartholomew's Hospital.

(*From the Medical Circular.*)

Gentlemen,—There is a case now in Lucas Ward which will form a good commencement of the new session—hernia in an infant. The patient is only two years old, and has been attacked with strangulated inguinal hernia. The name is that of the child admitted September 20, G. H. N——; and you will now find the case going on favourably, indeed quite recovered. The history of the case of this child, as I will read it for you from the note-book, shows that the bowels were relieved twenty-three hours previously to admission; but when we saw the little patient there was vomiting and strangulation; the intestine was down and tender; in a word, we had oblique inguinal hernia of the right side, in a state of irreducibleness and strangulation. The effect of the warm-bath was first tried, but the bowel could not be reduced. Chloro-

form also was had recourse to, but with little or no effect. As the disease was now wearing an aspect of some doubt and seriousness, we decided to operate. Well, as a general rule in practice, whatever may be the plan in hernia in adults, we never open the sac in the hernia of infants. An incision, two inches long, was carried along over the situation of the neck of the sac, thus laying bare what proved to be Poupart's ligament—it is better thus to lay bare this point, which in fact was the edge of the sac. A director was next passed under it, and, with a hernia knife, the stricture or strangulation was set free, when the hernia or bowel was returned with the utmost ease.

Strangulated hernia, I may tell you as the result of my experience of fifty years in hospital, is not a very common disease in infants; I have had to operate, however, in patients so early as the first year. The cellular tissue, however, in infants, external to the sac, is soft and yielding, but as the child grows up it becomes more hard and indurated, so that the operation in infants is a much simpler affair. You may, as a rule, operate without opening the sac in children; but the point, as you advance, is still in doubt* as regards various kinds of hernia in adults. There seems very little doubt that by operating *early*, and without opening the sac, the English surgeons are more successful than their continental brethren; but it seems still a question of no mean practical importance, whether in cases where we have to dread gangrene of the intestine, as shown by general tenderness over the abdomen, by the long-standing of the strangulation, as is too often the case in hospital patients, its obstinacy in resisting the effect of chloroform, warm-baths &c., whether we would not do better to adopt the plan laid down by the continental surgeons, and lay the sac freely open. In the use of chloroform it is also found that it is much more valuable as an agent for lessening muscular spasms in inguinal hernia, than in femoral hernia, while in the latter it might be a question whether the intense vomiting caused by chloroform and by the hernia may not aggravate the symptoms to a very serious extent, so as to render the use of chloroform of very doubtful utility.

I have on the table before me a very curious morbid growth occurring in the head of the tibia—a *pulsating tumour* of the bone, of which the history is very curious, and not without a certain degree of interest for practical surgeons. This very formidable, and as I fear, malignant tumour, arose from a slight injury to the leg now several years since. The femoral artery was ligatured at that time by me, as the disease was

* An interesting discussion as to opening or not opening the sac in hernia has recently taken place in St. Bartholomew's. It was stated, as the result of the practice of M. Langenbeck, of Berlin, and of the German surgeons generally, that they prefer, in adults, to operate by opening the sac freely, as more danger is to be apprehended, they say, from returning the gut without opening the sac, and without a full examination of its condition, and that of the omentum, than from the operation by openiug the sac, and sometimes allowing a quantity of irritating fluid to escape, which itself may be the cause of the stricture, or obstruction. Many patients, it is urged also by the German school of surgery, might recover with an artificial opening in the gut, or artificial anus; but these patients must irretrievably die when a sphacelated gut is returned without opening the sac.

confined to the head of the tibia, and was simply of a local pulsatile character. You see here [the preparation was exposed by a longitudinal section carefully carried through the middle] a division is made of the femur and tibia, and the latter ends in a sort of ill-defined carious extremity, blending with the diseased mass, which is lobulated, and contains, as you see, vessels ramifying over it, the whole tumour is not unlike a brain, more firm towards the centre; as it appears to me, neither fibrous nor cellular, but in some parts disintegrated and softened. The articular end of the femur, you see, is quite healthy, and even part of the cartilage of the tibia also; the knee joint, in a word, is almost entirely healthy. The growth is evidently one in the bone and *of* the bone; it has of the late few weeks been very rapid in its growth, which I need not say, is a common sign of malignancy; but Mr. Holmes Coote, who kindly examined it, did not discover by the microscope any of the so-called cancer cells. I believe it may be malignant, nevertheless; indeed, in practice, I think these microscopic phenomena are not distinct enough to guide us as to our diagnosis, and these caudate, or nucleated cells, may appear in growths which are undoubtedly of a cancerous nature, but in doubtful cases, like the present, the microscope fails us.

Well, I will now give you the history of this curious case, which is pretty distinct and continuous throughout. In the winter of 1850, it appears, the patient was playing on the ice; while engaged in some game, the precise nature of which I do not understand, and termed "hocky"—a game, as I learn (and you will correct me if I am wrong,) where there is hard hitting of a ball, or hard hitting of a hard ball, which struck the side of the leg, or tibia, of this poor young man. He says he did not make anything of it at the time, nor did it interrupt his playing; he even went on in the excitement of the game till he unluckily got a second blow, but this time with the "hockey" stick, on the identical same spot. As misfortune would have it, he now fell, and hurt the leg a third time. He was shortly after laid up; and went from bad to worse; an obvious hard swelling of the bone appeared, either of the bone, as I say, or a swelling under the bone, and *pulsating!* This last feature of the case is the curious thing in the disease to which I wish especially to direct your attention. This pulsation, I found, was stopped by pressure on the femoral artery; I accordingly, in the year 1850, decided on placing a ligature on the femoral, in "Hunter's canal;" this is a more difficult operation than placing a ligature in the upper third of the thigh; the vessel was not easily exposed. I remember we found the vein in front, which was lifted up, and I had all but placed the ligature on it, when I found it was not the artery.*

* The femoral artery and veins are enclosed in a firm sheath; the tendinous canal formed by the abductor magnus and vastus internus muscles, in the third part of the course of the artery, give rise to what Mr. Lawrence calls "Hunter's canal." By placing the ligature low down, in this part of its course, the profunda and higher branches distributed above this point are avoided, while the current through the anastomotica magna, which arises from the femoral while in the tendinous canal, formed by the abductors and vastus internus, and which sends branches to the head of the tibia, is more certainly secured, as the result proved in this case. The anastamotica magna arises from the femoral in this tendinous canal, and runs along the tendon to the internal condyle, and inosculates with the superior internal articular artery.

About eight days after the operation violent bleeding intervened, but stopped spontaneonsly; not, however, without weakening the patient very considerably. Mr. Stanley also now saw the case with me. The patient was exceedingly feeble, the combined result of the hæmorrhage and the operation, with perhaps, the debility caused by confinement to the house; for we now saw him in private lodgings, and the case has assumed a very practical, not to say alarming character, indeed so much so that we had a long consultation whether amputation should not be performed. In fact we made arrangements for amputating, but as we were about to place him on the table, he was so weak, we did not venture to go any farther with the operation. He was put to bed again, and we prescribed wine and other stimuli. Perhaps I may say our patient was at this time only 20 years of age. Next day we found the pulse had recovered itself, yet still, as we feared a recurrence of the bleeding, Mr. Stanley and I now considered whether we would amputate, or place a ligature on the artery higher up in its course. On the one hand we were deterred by the large wound of the flap, from amputation; on the other, by hæmorrhage and extension of the disease if we did not amputate. We were, in fact, in one of those straits in which you yourselves in the country may some day find yourselves. We adopted the safe alternative of placing a ligature on the femoral in the upper third of the thigh. The patient subsequent to this recovered, but very slowly; the wound of the part where the ligature was applied was very fœtid. The patient continued a long time excessively weak; he was removed to Brighton, but his convalescence was still tedious; however, his health was finally restored at the sea-side. The swelling remained in the tibia, but there was no pain and no pulsation, and the patient now got about and led a very active, indeed I fear a too active, life. His employment before he got ill, as we learned, was connected with mercantile engagements, so that he was now constantly about and gave his limb little rest. We now come to another stage in the history, namely, about two years ago, when he was seized with severe inflammation of his chest, but he got through this also, and still went about as before occupying himself very actively in his business. At the early part of the present year he was pretty well; however, about three months ago, in last July, the weakness set in again; he complained also of bad appetite, he got an unhealthy hectic look, with quick pulse, and this tumour of the bone, all of a sudden began to grow larger and larger. This suddenness of growth is always a suspicious circumstance, and too often indicates what is termed "malignancy" in such disorders; in fact, the view now taken of the case was not very satisfactory, but the opinion was unanimous that the limb, under the effects of chloroform, should be amputated; this was done in the end of September, by an eminent provincial surgeon, as the patient had now taken up his residence near Birmingham. There was nothing very peculiar in the operation, as Mr Crompton writes to me, except perhaps, the condition of the vessels. We might have expected, after two several ligatures on the femoral artery, that all the small arterial vessels would undergo enlargement; accordingly nine or ten arteries were ligatured at the operation; there was, also, a good deal of venous bleeding, and there was the character

of the tumour itself, which is now before you. There is this very curious point in the case: the tumour lying dormant for at least five years, or shall we say checked in its growth by the ligature of the femoral artery.

The case to me is one of the most interesting I have ever seen, and in some particulars is very like one we had last year in hospital. I cannot help thinking that if this young man had led a less active life, and avoided "knocking about" as it is termed, we should have had less irritation, and that if quietness could be strictly enforced, the operation we previously performed would have had a fairer chance of proving successful.

THERAPEUTICAL RECORD.

Surgical Excerpts.—Cements for stopping the teeth.—M. Vagner recommends the following: A drachm of gutta percha softened by hot water, is to be worked up with catechu powder, and tannic acid, of each half a drachm, and with a drop of essential oil. For use, a morsel is to be softened over the flame of a spirit lamp, introduced while warm into the cavity of the tooth, and adapted properly. The mass becomes hardened, and even after several months exhibits no traces of decomposition.—*Rev. Medicale.*

Chloroform in fissure of the anus.—M. Chapelle has tried the effect of the local application of chloroform (diluted with half its quantity of alcohol,) and has met with complete success. The proportion of chloroform may be increased or diminished according to the susceptibility of the patient, and the mixture is applied upon a water-color brush, whence the fluid is to be allowed to be squeezed out by the contraction of the sphincter. The sharp pain which results is of very short duration.—*Med. T. & Gaz.*

Perchloride of iron in hæmorrhoids.—M. Thierry states that he treats hæmorrhoids, even when large, by first blistering them, and then applying the perchloride of iron to the denuded surface, under the influence of which they shrink and disappear.—*Union Med.*

Treatment of erectile tumors by nitrate of potash.—M. Mangenot, having accidentally heard of the dispersion of a cutaneous congenital nævus by means of the application of nitrate of potash, resolved to try its efficacy in the case of his own infant; the nævus in this case, though small, increasing in size. The moistened finger was dipped in the powder, and the nævus gently rubbed with it. A small bulla, as observed in herpes labialis, was formed, and the tumor shrank away, so that one other application sufficed for its entire suspension. In four other cases the same results have followed.—*Bullétin de Therap.*

Treatment of simple leucorrhœa.—In a great number of women, leucorrhœa is only the product of a catarrhal secretion, essentially connect-

ed with the lymphatic temperament, and debility of constitution. In such cases M. Nélaton prescribes as follows:—

1. Inject into the vagina morning and evening a lotion composed of two parts of sulph. of Copper to 500 of water.
2. Take internally cinchona wine with syrup of iodide of iron, twice daily.
3. A tonic regimen to be observed.
4. For the prevention of constipation, take one-third of a gram of the alcoholic extract of belladonna every night.—*Union Méd.*

Treatment of Menorrhagia.—Dr. Mitchell strongly recommends the following formula in menorrhagia: ℞. Tinc. kino, ʒij; tr. cinnam. ʒj; pulv. sulph. cupri, ʒj. M. The dose is 10 drops thrice daily in a little sweetened water. The quantity of the sulph. cupri is to be increased or diminished according to the urgency of the symptoms and the degree of tolerance.—*Med. Independent*, (*Detroit.*)

PERISCOPE.

On Stenosis Funiculi Umbilicalis. By Dr. Broers.—Since his former communication on the subject, the author has arrived at the conclusion that constriction of the umbilical vessels is not always to be ascribed to twisting (ineendraaijing) of the cord. He thinks, in consequence of his subsequent investigations, that the several cases of stenosis funiculi must be classed under three heads:

1. Stenosis near the abdominal wall, combined with twisting of the cord.
2. Stenosis in another situation, likewise attended with twisting of the cord.
3. Stenosis by ligature of the funis, in consequence of its being surrounded with threads derived from the cutaneous epithelium.

The author describes seven of his preparations of stenosis funiculi umbilicalis; in all, the entire skin was covered with patches of epithelium, while in some it was said that a slender thread or a shred of epithelium twisted into a band, had encircled the cord, and formed a tight ligature around it. The exudation of epithelium was probably a consequence of dermatitis.—*Nederlandsch Tijdschrift voor Heel-en Verloskunde, Ziekten der Vrouwen en der Kinderen, from the Nederlandsch Lancet.*

[At page 384 of the recent edition of Dr. Montgomery's work on the "Signs and Symptoms of Pregnancy," a very good representation will be found of stenosis of the funis, occurring in the same case, at both the umbilical and placental extremity of the cord.]

On Retained Placenta. By Dr. A. F. H. De Lespinasse.—In a case of Placenta incarcerata the author has seen favorable results from the anæsthetic employment of chloroform. The placenta was retained in the right part of the cavity of the uterus, which organ had contracted so

firmly around it, that it was with difficulty two fingers could be introduced into the opening through which the funis passed. But during anæsthesia from the action of chloroform, the author succeeded without much exertion in passing the fingers formed into a cone, half way through the constricted portion; the woman, however, recovered her consciousness too soon, and at the same time Dr. Lespinasse felt the pressure on his fingers increasing, so that their free motion became impossible. He now caused the chloroform to be again inhaled, and felt the stricture diminish, and the free motion of his fingers return pari passu with the increase of the anæsthesia; he was now enabled to reach and remove the placenta.—*Nederlandsch Lancet—Med. T. & Gaz.*

Phosphate of Lime in Spinal Curvature. By M. Piorry.

M. Piorry states that he has long been in the habit of administering phosphate of lime with advantage to rickety patients suffering from curvature of the spinal column. He gives it in the form of very fine filings of fresh bones. About one ounce is given daily, either in milk, or better still, in rice milk, which effectually disguises all disagreeable taste. He does not atttibute all the improvement observed to this, as a highly nutritious diet is simultaneously employed: but certain it is, that in several patients in whom the spinal column had continued to deviate more and more every year, and who were subjected during several months to good regimen, free exposure to light, a dry and warm temperature, and especially employing the phosphate, the progress of the affection has become completely arrested. And the numerous cases in which the treatment has proved of benefit in Potts' disease, suggest that it may be of great utility in the rickets of childhood, and to osteomalacia of adults. M. Piorry also believes it may prove useful in women threatened with the softening of the bones during pregnancy, combining it then with iron. Likewise children, when nutrition is defective and the limbs are distorted, may benefit by it, while in certain tuberculous subjects it may favor the process of calcification.—*Gaz. des Hop.*

Hemorrhage as a sign of Cancer in the Uterus.—Dr. West remarked, in his out-patients' room, at St. Bartholomew's, the other day, on the almost constant occurrence of hemorrhage, as a symptom of commencing cancer in the os uteri. He believed, he said, that it was quite as constant and valuable a sign, in relation to that disease, as hæmoptysis is in respect to tubercle in the lungs. Of course, inasmuch as the uterus is in health subject to sanguineous discharges, there is need of care in determining that the sign be really one of disease; that, for instance, it occurs with an irregularity, and a profuseness greater than disturbed catamenial function could account for. The symptom has its peculiar value when the subject of the affection had previously ceased to menstruate. Dr. West stated, that he had long recognized the importance of the symptom, but that on recently counting up his cases of uterine cancer, he had been astonished to find how almost invariably it had been the earliest sign of the existence of the disease.—*Ibid.*

Chloroform in Delirium Tremens. By W. M. Chamberlain, M.D.—The author of this paper, published in the April number of the American Journal of Medical Sciences, was attached to the medical staff of Blackwell's Island during the year 1853; during which time no less than 960 persons, in various stages of debauch, came under his observation, and more than 200 of these had fully developed delirium tremens.

Dr. Chamberlain states, that in those cases where all the usual means were found unavailing, the adminstration of *chloroform* was often productive of the happiest effects. He, however, declares that this potent agent was never resorted to but in cases of extreme severity. Several cases are related, showing the power of chloroform in quieting the cerebral excitement, and procuring sleep, which are very striking.

The first case, an Irish butcher, with furious delirium, resisted for thirty hours the usual remedies. He was at last placed under the influence of chloroform, and slept *nine hours.*

The second case was still more aggravated. The subject, an old toper, had been maniacal and under treatment for thirty-six hours. Chloroform at first failed to affect him satisfactorily, but eventually, after producing spasm and laryngismus, the result was to procure sleep, and the patient rapily recovered.

Case third came very near being included in the rapidly increasing list of "*deaths from chloroform.*" The patient, while breathing this agent suddenly ceased to breathe, but was roused under the influence of artificial respiration. Gradually he breathed easily, and sunk into a quiet sleep. His recovery was rapid.

In another instance, finding it impossible to produce the full anæsthetic influence, the sufferer was carried to the *verge of asphyxia.* Artificial respiration was resorted to, and a recovery was the result.

This certainly may be considered "bold practice," and while it may not be inadmissible in desperate cases, should be cautiously attempted under usual circumstances. After witnessing the wonderful recoveries from apparently hopeless mania, we should rather not kill our patient with chloroform, with the hope of producing a favorable result.

In the same journal from which we have prepared this brief abstract of Dr. Chamberlain's paper, we also notice five cases of delirium tremens treated by the inhalation of chloroform, reported by Dr. Garrett of North Carolina. These cases occurred in the Bellevue hospital, New York. Four of the number were promptly relieved. The fifth case, however, died—and it is stated that he never could be put completely under the influence of the chloroform.

Three Cases of Tracheotomy in Croup. By L. Lamie.—In December 1853, numerous cases of croup occurred at Utrecht; in three instances tracheotomy was adopted as a last resource, and was performed by Herr Lamie. The result was in all unfavorable; the first child, aged 2½ years, died quite unexpectedly, 58 hours after the operation, which at first promised the most favorable result; the cause of death was not revealed by the post-mortem examination: the lungs were every where free from inflammation. The second child was fifteen months old; the operation was in this instance, had recourse to at a very late period, so

that it was feared the child would die during its performance; repeated insufflation of air through the canula was subsequently necessary, in order to establish respiration; some hours afterwards, symptoms of pneumonia set in, of which the child died about thirty hours after the operation. The third case was that of a little boy of three years who was said to have had an attack of croup two years previously. Here too, tracheotomy was performed to prevent death by suffocation, and its immediate effect was strikingly favorable; but the child died in about fourteen hours after the operation, the fatal result having been preceded by a tolerably violent attack of fever. In conclusion, it must be observed that the parents of the children operated on belonged to the pauper class, whose wretched abodes present so many unfavorable circumstances.—*Nederlandsch Lancet.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

TO OUR SUBSCRIBERS.

With this number, which completes the fourth volume of the *Medical Chronicle*, the Editors cease to be Proprietors. Four years ago, the prospects of success in medical journalism, were so small in Canada, not one respectable business house in Montreal could be found willing to assume the pecuniary responsibilities of publishing a medical periodical. Confident, however, in the ability and willingness of a certain number of the profession in Canada to support a journal devoted to their interests, the Editors embarked in the enterprise with the conviction that the honorable feelings of their confrères would not allow them to suffer in purse through the want of a hearty support. In this, they are happy to say, they have not been mistaken, for during the three past years, the paid subscriptions have been sufficient to defray, although barely, the expenses of the *Chronicle*; and it only remains that each gentleman who has received his account for the current year, should transmit the amount to reimburse them entirely the sum they have paid the printers.

The well known respectability and enterprise of the business house of "B. Dawson, Great St. James Street," which will hereafter issue the *Medical Chronicle*, is sufficient guarantee that so long as the profession contribute their share, nothing will be omitted to make the journal a credit to the Province.

BOOKS RECEIVED FOR REVIEW.

From Messrs. Blanchard & Lea, Philadelphia :—

Todd and Bowman's Physiology ; Churchill on Diseases of Females ; Ludlow's Manual of Examinations.

HOSPITAL REPORTS.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 5th March to the 1st April, 1857.

	Men.	Women.	Children.	Total.
Remained,	22	21	5	48
Since admitted,	3	8	0	11
	25	29	5	59
Discharged,	12	18	2	32
Died,	1	0	0	1
Remaining,	12	11	2	26

DISEASES.

Fever,	2	Scarlatina,	2
Pregnancy,	4	Epilepsia,	1
Frostbite,	1	Ophthalmia,	1

C. E. LEMIEUX,
House Surgeon.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING 23rd April, 1857.

Patients remaining from last Quarter.....	87	Died during Quarter.....	*15
Admitted present Quarter....	[illegible]	Now in Hospital.....	59
		Discharged	180
	254		254

In-door Patients.		*Out-Door Patients.*	
Males.....	99	Males.....	501
Females.....	68	Females.....	593
	167		1094

* In addition to the above-mentioned deaths, there were four patients who died in the private wards, and one in the public wards who died three days after admission. The addition of these makes the total number of deaths during the quarter to be 20.

Diseases and Accidents.

Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.	Diseases.	Admitted.	d.
Abortio	1		Ecthyma	2		Periostitis	3	
Abscessus	3		Eczema	1		Phthisis	5	
" Hepat.	1	1	Emesis	1		Pleuritis	2	
Ambustio	2		Enchondroma	1		Pleurodenia	1	1
Anæmi a	2		Erysipelas	2		Pleuropneumonia	1	
Anæsthesia	1		Favus Confertus	1		Pneumonia	3	
Angeio-Leucitis	1		Febris Com. Cont.	9		Prolapsus Uteri	1	
Apoplexia	0	1	" Typhoid	1	1	Prurigo		
" Pulm.	0	1	Fistula in Urethra	1		Pyrosis	1	
Arthralgia	1		Fractura Simplex	3		Rheumatism	17	
Bronchitis	10		" Comp.	1		Rubeola	2	
Bursitis	1		" " et Commin	2	2*	Rupia	1	
Calculus Vesicæ	1		Gangrena Pulmon.	1		Scarlatina	1	
Caries	1		Gastrodynia	2		Sclerotitis	4	
" Vertebræ	2		Gelatio	3	1	Scrofulosis	1	
Catarrhus	1		Gonorrhœa	2		Stillicidium Urinæ	1	
Cerebritis Chron.	1		Hæmorrhoidea	1		Syphilis	4	
Conjunctivitis	7		Hydrocele	1		Tetanus	1	1
Contusio	3		Hypochondriasis	1		Thrombus	1	
Corneitis	1		Inebrietas	1		Tuberculosis Acut	0	1
Cystitis	1		Influenza	1		Tumor [Fibroid Rec]	1	
Delirium Tremens	5	1	Lepra	1		" Oculi	2	
Dementia	1		Mania	1		Ulcus	6	
Diarrhœa	1		Morbus Cordis	1		" Rodent	1	
Dysenteria	5		Orchitis	1		Variola	1	
Dyspepsia	2		Paraplegia	1	1	Vulnus	6	
			Paronychia	1				

* One of these was admitted during the previous Quarter.

OPERATIONS, &C., DURING THE QUARTER.

Major.—By Dr. Campbell—Lithotomy; removal of 2 tumours from the eyeball.

By Dr. McCallum.—Operation for strabismus; for fistula in ano; amputations of thumb. with metacarpal bone and trapezium; amputation of 2 fingers; amputation of 10 toes; rhinoplasty; excision of recurring fibroid and encysted tumors: removal of internal piles by "Chassaignac's Ecraseur." Total, 21.

Minor.—Venesections, 3; cupping, 17; wounds dressed, 10; starch bandages applied, 41; teeth extracted, 180; abscesses opened and other incisions, 173; hydrocele tapped. Toal, 425.

Fractures.—Indoor, 6; out-door, 2; total, 8.

Dislocations reduced.—Humerus, 1; radius, 1. Total, 2.

DR. McCALLUM,
Physician in attendance.

ROBERT CRAIK, M.D.,
House Physician and Surgeon.

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